

APPENDIX RD

FORMS

DUCT LEAKAGE TEST REPORT

Residential Prescriptive, Performance or ERI Method Compliance

2023 Florida Building Code, Energy Conservation, 8th Edition

Jurisdiction:	Permit #:		
Job Information			
Builder:	Community:		
Address:			
City:	State: FL		
Zip:			
Duct Leakage Test Results		<input type="radio"/> Prescriptive Method	<input type="radio"/> Performance/ERI Method
System 1 _____ cfm25	<input type="radio"/> Prescriptive Method cfm25 (Total) To qualify as "substantially leak free," Q_n Total must be less than or equal to 0.04 if air handler unit is installed. If air handler unit is not installed, Q_n Total must be less than or equal to 0.03. This testing method meets the requirements in accordance with Section R403.3.3. <i>Is the air handler unit installed during testing?</i> <input type="checkbox"/> YES (=0.04 Q_n) <input type="checkbox"/> NO (=0.03 Q_n)		
System 2 _____ cfm25			
System 3 _____ cfm25			
Sum of any others _____ cfm25			
Total of all _____ cfm25	<input type="radio"/> Performance/ERI Method cfm25 (Out or Total) To qualify using this method, Q_n must not be greater than the proposed duct leakage Q_n specified on Form R405—2023 or R406—2023. <i>Leakage Type selected on Form R405—2023 (EnergyCalc) or R406—2023 (EnergyCalc) or R406—2023</i>		
$\frac{\text{Total of all}}{\text{Total Conditioned Systems}} \div \frac{\text{Total Square Footage}}{\text{}} = \text{ } Q_n$			
<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL	<input type="checkbox"/>	<input type="checkbox"/>
Duct tightness shall be verified by testing in accordance with ANSI/RESNET/ICC380 by either individuals as defined in Section 553.993(5) or (7), <i>Florida Statutes</i> , or individuals licensed as set forth in Section 489.105(3)(f), (g) or (i), <i>Florida Statutes</i> .			
Testing Company			
Company Name: _____		Phone: _____	
I hereby verify that the above duct leakage testing results are in accordance with the Florida Building Code requirements with the selected compliance path as stated above, either the Prescriptive Method or Performance Method.			
Signature of Tester: _____		Date of Test: _____	
Printed Name of Tester: _____			
License/Certification #: _____		Issuing Authority: _____	