

# DUCT TIGHTNESS TEST

DATE: \_\_\_\_\_

ADDRESS OF TEST: \_\_\_\_\_

SQUARE FOOTAGE OF (TESTED) CONDITIONED FLOOR

AREA: \_\_\_\_\_

OWNER: \_\_\_\_\_

HVAC CONTRACTOR: \_\_\_\_\_

TESTER NAME: \_\_\_\_\_

Tester certificate type \_\_\_\_\_ and number \_\_\_\_\_, OR tester trained by

\_\_\_\_\_  
(school, agency or manufacturer)

*If the tester is trained but not certified, the test must be witnessed by an inspector of the jurisdiction.*

**All tests shall be conducted at 25 pascals.**

**All register boots shall be taped or otherwise sealed during the test.**

**A duct tightness test is not required if the air handler and all ducts are located within conditioned space.**

The test results were as follows:

☐ The test was conducted at rough-in and the total leakage was recorded as \_\_\_\_\_ cfm's.

☐ with air handler **installed**

☐ with air handler **not installed**

❖ With the air handler **installed** the total leakage must be less than or equal to 6 cfm's per 100 square feet of conditioned floor area.

❖ With the air handler **not installed** the total leakage must be less than or equal to 4 cfm's per 100 square feet of total floor area.

☐ The test was conducted post construction and total leakage was recorded as \_\_\_\_\_ cfm's.

❖ Including the manufacturers' air handler enclosure the total leakage shall be equal to or less than 12 cfm's per 100 square feet of total floor area.

**The person signing below testifies that they have conducted the test in accordance with all code and manufacturer's requirements and have accurately recorded the results.**

\_\_\_\_\_  
TESTER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE