RESIDENTIAL DUCT & ENVELOPE TESTING (DET) FORM

House Address: ____________________________ Permit #: ______________ Date: ______________

Permit holder: ____________________________ Phone: ______________

I. Building Envelope Air Leakage (mandatory):

Blower door test (Mandatory)

Test Result:

- Fan Flow at 50 Pascals = __________ CFM50
- Total Conditioned Volume = __________ ft³

\[ ACH50 = \frac{CFM50 \times 60}{\text{Volume}} = \text{___________} \]

Visual Inspection (Mandatory)

☐ Air Barrier and Insulation Installation Final Inspection Checklist (on reverse) has been completed and signed

Testing company: ___________________________________________ Phone: ______________

Tester Name (print): __________________________ Signature: __________________________ Date: ______________

BPI or HERS certification number: BPI no: ______________ HERS Rater no: ______________ HERS RFI no: ______________

II. Heating and Cooling System Duct Leakage

☐ I certify that all portions of the ducts are located entirely within the building thermal envelope. Testing is not required.

Owner or approved third party signature: __________________________ Date: ______________

Total duct leakage test

Energy code compliance path: ☐ Prescriptive (including REScheck) ☐ Performance or Energy Rating Index

Type of test performed:
☐ Rough-in with air handler ☐ Rough-in without air handler ☐ Post construction

Test Result System 1:

- Fan Flow at 25 Pascals (CFM25) ________ CFM
- Conditioned Floor Area (CFA) served by system = ________ ft²

\[ \text{CFM25} / \text{CFA} \times 100 = \text{___________} \text{CFM/100 ft}^2 \]

Test Result System 2 (if present):

- Fan Flow at 25 Pascals (CFM25) ________ CFM
- Conditioned Floor Area (CFA) served by system = ________ ft²

\[ \text{CFM25} / \text{CFA} \times 100 = \text{___________} \text{CFM/100 ft}^2 \]

Testing company: ___________________________________________ Phone: ______________

Tester Name (print): __________________________ Signature: __________________________ Date: ______________

BPI or HERS certification number: BPI no: ______________ HERS Rater no: ______________ HERS RFI no: ______________

Qualified professionals may be found at:
## AIR BARRIER AND INSULATION INSTALLATION FINAL INSPECTION CHECKLIST

<table>
<thead>
<tr>
<th>House Address:</th>
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<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permit holder:</td>
<td>Phone:</td>
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### FINAL INSPECTION

<table>
<thead>
<tr>
<th>Ceiling/Attic</th>
<th>Requirements</th>
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<tbody>
<tr>
<td>☐</td>
<td>Recessed light fixtures installed in the building thermal envelope are sealed to the drywall.</td>
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<tr>
<td>☐</td>
<td>Insulation is installed in each ceiling assembly that separates conditioned space from unconditioned space or outdoors.</td>
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<tr>
<td>☐</td>
<td>Insulation R-value is R-49 or greater. ¹ (A minimum of R-38 insulation is allowed if the full height of uncompressed insulation extends over the top of the walls.)</td>
</tr>
<tr>
<td>☐</td>
<td>Access openings, drop down stairs, or knee wall doors to unconditioned attic spaces are sealed.</td>
</tr>
</tbody>
</table>

¹Exception: Values match those listed in an approved REScheck, Simulated Performance, or ERI report.

### Notes:

- Testing company: __________________________ Phone: __________________________
- Tester Name (print): ______________________ Signature: ______________________ Date: ___________
- BPI or HERS certification number: BPI no: ___________ HERS Rater no: ___________ HERS RFI no: ___________