APPENDIX B

AIR LEAKAGE TEST RESULTS FORM

Testing Agency Certified Compliance

1 The envelope area was obtained from the architect of record and was checked on site for reasonableness.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Initial)

2 Set up conditions were performed in accordance with the Pressure

Testing a Building for Air Tightness specification and all deviations and their impact noted.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Initial)

3 Test equipment used was in compliance respect to accuracy and calibration date.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Initial)

4 The test procedure used was in compliance except as noted here.

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Initial)

5 The calculations were performed in strict accordance with ASTM E 779 or the Pressure Testing a Air Barrier System for Air Tightness specification except as noted.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Initial)

6 Provide the average leakage rate calculated in step 5.13 of the Air Leakage Test Form.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CFM/sq ft at 75 Pa

7 All accuracies, pressure limits and data correlations and confidence intervals are within the bounds specified in steps 4 and 5 of the Air Leakage Test Form. Note all deviations. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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8 The building envelope passes if there are no deviations in the criteria as stated in item 7 (immediately above) and if the value in step 5.13 of the Air Leakage Test Form is less than the required envelope leakage rate goal at 75 Pa.

Circle one: Pass / Fail

9 Supporting documentation described in Steps 1, 3, and 6 of the Air Leakage Test Form is attached to this test form, including all digital photographs of the building and test procedure.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Initial)

I hereby certify that the results above are in conformance with the procedures outlined in this specification.

Testing Agency Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Testing Agency Authorized Representative Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Testing Agency Authorized Representative Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_