

## Blower Door Testing

Date of test:

Street Address:

Total conditioned floor area (sq. ft.):

Total conditioned volume (cu. ft.):

Source of area and volume calculations:

Builder \_\_\_\_\_ Tester \_\_\_\_\_ Other \_\_\_\_\_

|                  |  |
|------------------|--|
| Tester:          |  |
| Signature:       |  |
| Builder:         |  |
| Builder Contact: |  |

|                       |
|-----------------------|
| Measured cfm50: _____ |
| ACH50: _____          |
| Comments:             |