



BLOWER DOOR TEST FORM

Customer Information:

Location of Test: _____
Name: _____
Address: _____
City: _____
State/Zip: _____
Phone: _____
Email: _____

Tester Information:

Name: _____
Address: _____
City: _____
State/Zip: _____
Phone: _____
Email: _____

Building and Test Conditions:

Date: _____ Time: _____ Indoor Temperature (F): _____
Outdoor Temperature (F): _____ Floor Area (ft²): _____ Volume (ft³): _____

Test #1 Depress or Press

Pre-test Baseline Pressure: _____ (Pa)

Bldg Press. (Pa)	Flow Ring Installed	Fan Press (Pa)	Flow (cfm)

Post-test Baseline Pressure: _____ (Pa)

Fan Model/SN: _____

Results:

CFM50: _____

Volume: (ft³): _____

ACH50: _____

Test #2 Depress or Press

Pre-test Baseline Pressure: _____ (Pa)

Bldg Press. (Pa)	Flow Ring Installed	Fan Press (Pa)	Flow (cfm)

Post-test Baseline Pressure: _____ (Pa)

Fan Model/SN: _____

Results:

CFM50: _____

Volume: (ft³): _____

ACH50: _____

I hereby certify that the information provided is accurate and complies with Section N1102.4.1.2.1 and N1102.4.1.3 of the 2012 Virginia Residential Code.

Name of Tester: _____ Date: _____
(Please print)

Signature of Tester: _____ Date: _____

Tester's Contractor's License Number: _____ BPI/RESNET number: _____

Home Inspector's Certification Number: _____ BPI/RESNET number: _____

***Completed test forms must be submitted to Franklin County Building Department.**