

City of Melbourne

Code Compliance Division

Blower Door Test Report

Permit No.: _____

Address: _____
Number Street Name Apt/unit no. City State Zip

Air Infiltration Test Results

CFM (50) = _____

Volume = _____ Cubic Feet

ACH (50) = _____ (Cannot exceed 7 ACH)
(CFM(50) X 60/Volume)

Tester Information

Certified/Licensed Tester: _____
(Printed Name)

Company Name: _____

Certification/License No.: _____

Certification/License Type:

☐ Florida Solar Energy Center

☐ Class A Air Conditioning Contractor

☐ RESNET

☐ Class B Air Conditioning Contractor

☐ BPI

☐ Mechanical Contractor

☐ Other Third Party _____

Certification of Test Results

I hereby certify that building or dwelling unit described herein has been tested in accordance with the current Florida Energy Conservation Code Edition, Section R402.4.1.2, and verified as having an air leakage rate of not exceeding 7 air changes per hour. Testing was conducted with a blower door at a pressure of 0.2 inches w.g. (50 pascals).

Signature of Certified Tester: _____ Date: _____

Attach copy of Certification/License