

Albemarle County Building Department Phone: (434) 296-5832; Website: www.albemarle.org

# **Building Envelope Leakage (Blower Door) Testing Form**

Site Info		
911 Address		
Tax Map Number		
Permit Number		
Contractor		
Owner		

### **Tester's Info**

Name	
Phone Number	
Email	
Profession	
Certification-License Number	

#### **Building & Test Conditions**

Date & Time	
Indoor Temperature (F)	
Outdoor Temperature (F)	
Building Floor Area (square feet)	
Building Volume (cubic feet)	

Type of Testing:

\_\_\_\_ Depressurization of Building \_\_\_\_\_ Pressurization of Building

#### **Test Results**

CFM50	
Building Volume (cubic feet)	
ACH50	

## **Testing Certification**

I hereby certify that the information provided is accurate and complies with Section N1102.4.1.2 (R402.4.1.2) of the 2018 Virginia Residential Code.

Signature of Tester: \_\_\_\_\_ Date:

Testing shall be conducted in accordance with RESNET/ICC 380, ASTM E779, or ASTM E1827

