

Air Distribution System Test Report

For use when part of an Air Distribution System has been replaced (voluntary test for use with N1100.0.2)

**THE FINAL INSPECTION MUST BE APPROVED
BEFORE THIS FORM CAN BE FILED WITH THE BUILDING DEPARTMENT**

The air distribution system leakage test may be performed before or after the final inspection date.

Owner: _____	Contractor name: _____
Street address: _____	Jurisdiction: _____
City: _____	Permit No.: _____
Zip: _____	Final inspection date: _____

Air Distribution System Leakage Test Results

Line	System	Duct Leakage
1	System 1	_____cfm25 _(out or tot) circle test type
2	System 2	_____cfm25 _(out or tot) circle test type
3	System 3	_____cfm25 _(out or tot) circle test type
4	System 4	_____cfm25 _(out or tot) circle test type
	Use appropriate calculation method	
5		Sum lines 1-4 _____
6	<u>Total House Duct System Leakage</u> When there is only one system or when all systems have been replaced	Divide Line 5 by _____ = _____ (Qn, out or tot) (total conditioned floor area) (circle test)
OR		
7	<u>Replacement system duct system leakage</u> When there are multiple systems and only one some of the systems have been replaced	Divide Line 5 by _____ = _____ % Leakage, (out or tot) (total rated air handler flow – 400cfm/ton) (circle test)

I have tested the air distribution system(s) referenced by the permit listed above at a pressure differential of 25 Pascals (0.10 in. w.c.) in accordance with methods found in:

- N1110.A.2 of the Florida Building Code-Residential (Certified Class 1 Florida Rater)
- 13-610.A.2 of the Florida Building Code: Energy (Certified Class 1 Florida Rater)
- Sub-Appendix 13-2C, C5.2.2.1.1 of the Florida Building Code: Energy
(Class 1 Florida Energy Gauge Certified Energy Rater, State of Florida Mechanical Contractor or recognized test and balance agent. Contractors shall not test their own systems.)

The replaced system is leak-free and is therefore compliant with N1100.0.2 and Form 1100B.
 uses existing ductwork and is therefore compliant with N1100.0.2, exception 2.

I possess the qualifications found in the selected citation to perform this work.

Signature: _____ Date: _____

Printed Name: _____

FL BERS Rater Certification #: _____

(or) DPBR Mechanical License #: _____

(or) T&B Certification # and issuing organization
or jurisdictional recognition: _____

For Building Department use only:	
Form received by: _____	Date: ____/____/____