

Energy Code Requirements as amended.
Provide this form at building completion prior to final inspections.

Project Address: _____ Permit Number: _____

Duct Leakage Testing Verification – R403.3.8 (N1103.3.8)

System #1 – _____	CFM25	System #4 – _____	CFM25
System #2 – _____	CFM25	System #5 – _____	CFM25
System #3 – _____	CFM25	System #6 – _____	CFM25

I certify that I have conducted a **total duct leakage test**, and the duct system(s) has passed the requirements of the **2024 International Energy Conservation Code or 2024 International Residential Code, as amended locally**. I further certify that the testing was conducted in accordance with AMSI/RESNET/ICC 380 or ASTM E1554.

Agency and Certification Number: _____
Signature or Responsible Party: _____
Printed Name and Title of Responsible Party: _____

Building Thermal Envelope Leakage Testing Verification – R402.5.1.2 (N1102.5.1.2)

☐ _____ ACH*
☐ _____ CFM per SF of dwelling unit enclosure *

I certify that I have conducted **building thermal envelope air leakage testing** and the building thermal envelope has passed the requirements of **2024 International Energy Conservation Code or 2024 International Residential Code, applicable and as amended locally**. I further certify the testing was conducted in accordance with ANSI/RESNET/ICC 380, ASTM E779, ASTM E1827, or ASTM E3158 and that I am a third party as approved by the building official.

Agency and Certification Number: _____
Signature of Responsible Party: _____
Printed Name and Title of Responsible Party: _____

Mechanical Ventilation Testing Verification – R403.6.3 (N1103.6.3)

Whole-house System #1: _____ CFM
Whole-house System #2: _____ CFM

☐ The Mechanical Ventilation Fan Efficiency meets the requirements of R403.5.2 and Table R403.6.2

I certify that I have conducted **whole-house mechanical ventilation airflow testing** and the **Mechanical Ventilation Systems(s)** have passed the requirements of the **2024 International Energy Conservation Code, 2024 International Residential Code or International Mechanical Code as applicable and as amended locally**. I further certify the testing was conducted in accordance with ANSI/RESNET/ICC 380 and that I am a third party as approved by the building official.

Agency and Certification Number: _____
Signature of Responsible Party: _____
Printed Name and Title of Responsible Party: _____

*Per R402.5.1.3 (I102.5.1.3): The maximum infiltration rate for Option 1 Prescriptive Path is 3.0 ACH in Climate Zone 3. The maximum infiltration rate for all other compliance paths and climate zones is 4.0 ACH or 0.22 CFM per SF of the building thermal envelope area or the dwelling unit enclosure area, as applicable.