



Duct Leakage Test Form

CONTRACTORS INFORMATION

NAME: _____

ADDRESS1:

ADDRESS2:

CITY: _____ STATE: _____ ZIP: _____

BUILDING ADDRESS:

STREET: _____

CITY/STATE: _____

BUILDING CONTACT: _____

PHONE: _____

OWNERS NAME: _____

PHONE: _____

Total Leakage Test Depress _____ Press _____

Test Pressure : _____ (Pa)

Baseline Duct Pressure (optional) : _____ (Pa)

Duct Press. a	Flow Ring Installed	Fan Press a	Flow cfm

Fan Model/SN: _____

Results: Total Leakage (cfm): _____

Total Leakage as % System Airflow: _____

Total Leakage as % Floor Area: _____

TEST CONDITIONS

Date: _____

Time: _____

Indoor Temperature (F): _____

Outdoor Temperature (F): _____

Floor Area (ft²): _____

System Airflow (cfm): _____

Cooling Size (tons): _____

Heating Size (btu): _____

Primary Location of
Supply Ductwork: _____

Primary Location of
Return Ductwork: _____

Outside Leakage Test

Depress: _____ Press: _____

Test Pressure : _____ (Pa)

Duct Press. a	Flow Ring Installed	Fan Press a	Flow cfm

Fan Model/SN: _____

Results:

Outside Leakage (cfm): _____

Outside Leakage as %
System Airflow: _____

Outside Leakage as % Floor Area:
