



**City of Killeen**  
**Building Inspections Department**  
 100 E Avenue C, Killeen, Texas 76540  
 251-501-7762

**DUCT TESTER/THERMAL ENVELOPE VERIFICATION FORM**

This completed form is required for **all** New 1 & 2 Family Dwellings, Townhouses and **all** mechanical projects that include installing and or replacing duct systems for the same type of dwellings.

Site Address: \_\_\_\_\_ Permit # \_\_\_\_\_ Date: \_\_\_\_\_

Conditioned Floor Area (sq.ft): \_\_\_\_\_ Source:  Plans  Measured  Provided by builder

**DUCT LEAKAGE TESTING VERIFICATION**

**Choose option used for compliance:** Per 2021 IECC Section R403.3.4, system tested @ 25 Pascals across, including the manufacturer's air handler enclosure.

- Rough-In Test Option duct leakage (floor area \_\_\_\_\_ sq ft X .04) = \_\_\_\_\_ CFM (with air handler)**
- Rough-In Test Option duct leakage (floor area \_\_\_\_\_ sq ft X .03) = \_\_\_\_\_ CFM (without air handler)**
- Post Construction Option duct leakage (floor area \_\_\_\_\_ sq ft X .04) = \_\_\_\_\_ CFM.**

I certify that I have conducted a **duct blaster test and it has passed the requirements of the 2021 International Energy Conservation Code**. I further certify that I am qualified to perform duct testing leakage testing certified by national or state organizations as approved by the building official. I certify I am an independent third-party entity, and have not installed the HVAC system; nor am I employed or have any financial interest in the company that constructs the structure.

Company Name: \_\_\_\_\_ phone: \_\_\_\_\_

Signature of Testing Technician: \_\_\_\_\_

Printed Name of Testing Technician: \_\_\_\_\_

<b>Duct leakage test</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail Date _____
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**BUILDING THERMAL ENVELOPE LEAKAGE TESTING VERIFICATION**

**Compliance requirements:** Per 2021 International Energy Conservation Code Section R402.4.1.2, building thermal envelope tested @ 50 Pascals in accordance with ASTM E 779 or ASTM E1827 to verify air leakage.

Calculations: Sq Ft \_\_\_\_\_ Volume: \_\_\_\_\_ CFM@50 \_\_\_\_\_ CFH@50 \_\_\_\_\_  
 (Sq ft x ceiling height= volume) (CFM x 60 = CFH / Volume = ACH)

**Building Thermal Envelope Leakage Testing:** Results of test: \_\_\_\_\_ air changes per hour. **(5 ACH max)**

I certify that I have conducted an **air leakage test and it has passed the requirements of the 2021 International Energy Conservation Code**. I further certify that I am qualified to perform air infiltration testing certified by national or state organizations as approved by the building official. I certify I am an independent third-party entity, nor am I employed or have any financial interest in the company that constructs the structure.

Company Name: \_\_\_\_\_ phone: \_\_\_\_\_

Signature of Testing Technician: \_\_\_\_\_

Printed Name of Testing Technician: \_\_\_\_\_

<b>Air leakage test</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail Date _____
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**This form shall be on site for final inspection**