



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 2018 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 2018 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: _____

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

Compliance requirements: Per 2018 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 2018 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: _____

Air leakage test <input type="checkbox"/> Pass <input type="checkbox"/> Fail Date _____

This form shall be on site for final inspection