



Blower Door Test Results

Contractor or Testing Organization

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Location Tested

Address: _____

City: _____ State: _____ Zip: _____

Applicable Building Permit #: _____

Date Tested: _____

Select Testing Method Used: RESNET/ICC 380 _____ ASTM E779 _____ ASTM E1827 _____

Select Qualification of Tester

- | | |
|--|--|
| <input type="checkbox"/> Virginia licensed general contractor | <input type="checkbox"/> Certified BPI Envelope Professional |
| <input type="checkbox"/> Virginia licensed HVAC contractor | <input type="checkbox"/> Certified HERS rater |
| <input type="checkbox"/> Virginia licensed home inspector | <input type="checkbox"/> Certified duct and envelope tightness rater |
| <input type="checkbox"/> Virginia registered design professional | |

Results:

Conditioned Volume of Dwelling	Habitable Square Footage	ACH50 Results	CFM50 Results	Pass/Fail
_____	_____	_____	_____	P ___ F ___

By signing this document, you confirm that you were trained on the equipment used to perform the leakage test, and are qualified per the 2018 Virginia Residential Code (VRC), §N1102.4.1.2 (R402.4.1.2), and can verify that the above test results are true and accurate. You understand that any false statements are in violations of the 2018 VRC, §N1102.4.1.2 (R402.4.1.2), and may result in denial of permit, fines, or other penalties deemed appropriate by the Building Official and the City of Roanoke.

License or Certificate #: _____

Tester Printed Name

Date: _____

Tester Signature

**Please submit supporting documentation (software generated report, pictures, or similar)*