



Duct Leakage Test Results

Contractor or Testing Organization

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Location Tested

Address: _____

City: Roanoke State: VA Zip: _____

Applicable Building Permit #: _____

Date Tested:

HVAC System 1: _____, HVAC System 2 (If applicable): _____

(N/A if Test not required. Ducts and air handlers are located entirely within the building thermal envelope)

Results:

HVAC System 1		HVAC System 2 (If applicable)	
This a: *Rough-in Test _____, Post Construction Test _____		This a: *Rough-in Test _____, Post Construction Test _____	
*If Rough-in test, was air handler installed at time of test?	Yes ___ No ___	*If Rough-in test, was air handler installed at time of test?	Yes ___ No ___
Conditioned Floor Area:	_____ ft ²	Conditioned Floor Area:	_____ ft ²
Total Leakage per 100 square feet:	_____ CFM	Total Leakage per 100 square feet:	_____ CFM
Pass or Fail?	P ___ F ___	Pass or Fail?	P ___ F ___

****Note: Complete separate form for additional systems**

By signing this document, you confirm that you were trained on the equipment used to perform the duct test, or was the licensed mechanical contractor who installed the mechanical system, and can verify that the above test results are true and accurate. You understand that any false statements are in violations of the 2018 Virginia Residential Code (VRC), §N1103.3.4, and may result in denial of permit, fines, or other penalties deemed appropriate by the Building Official and the City of Roanoke.

Tester Printed Name

Date:

Tester Signature

License #: _____ Organization: _____

Tester License Number and Licensing Organization (if applicable)

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