

# City of Melbourne



Code Compliance Division  
900 E. Strawbridge Avenue • Melbourne, FL 32901 • Fax (321) 608-7920  
Building Div. (321) 608-7915 • Code Enf. (321) 608-7905 • Fire Prevention (321) 608-7910

## BLOWER DOOR TEST REPORT

Permit No.: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street Name Apt/unit no. City State Zip

### Air Infiltration Test Results

CFM (50) = \_\_\_\_\_

Volume = \_\_\_\_\_ Cubic Feet

ACH (50) = \_\_\_\_\_ (Cannot exceed 7 ACH)  
(CFM(50) X 60/Volume)

### Tester Information

Certified/Licensed Tester: \_\_\_\_\_  
(Printed Name)

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

Certification/License No.: \_\_\_\_\_

Certification/License Type:

- |  |  |
|--|--|
| <input type="checkbox"/> Florida Solar Energy Center | <input type="checkbox"/> Class A Air Conditioning Contractor |
| <input type="checkbox"/> RESNET                      | <input type="checkbox"/> Class B Air Conditioning Contractor |
| <input type="checkbox"/> BPI                         | <input type="checkbox"/> Mechanical Contractor               |
| <input type="checkbox"/> Other Third Party _____     |  |

### Certification of Test Results

I hereby certify that building or dwelling unit described herein has been tested in accordance with the current Florida Energy Conservation Code Edition, Section R402.4.1.2, and verified as having an air leakage rate of not exceeding 7 air changes per hour. Testing was conducted with a blower door at a pressure of 0.2 inches w.g. (50 pascals).

Signature of Certified Tester: \_\_\_\_\_ Date: \_\_\_\_\_

Attach copy of Certification/License