DUCT LEAKAGE TEST REPORT
Residential Prescriptive, Performance Or ERI Method Compliance 2026 Florida Building Code, Energy Conservation, 9th Edition

Jurisdiction: Permit #:

Job Information

Builder: Community: Lot:

Address:

City: State: FL Zip:

Duct Leakage Test Results ○ Prescriptive Method ○ Performance/ERI Method

System 1 _____ cfm25

System 2 _____ cfm25

System 3 _____ cfm25

Sum of any others _____ cfm25

Total of all _____ cfm25

_____ ÷ _____ = _____ Q_n

Total of all systems | Total Conditioned Square Footage

☐ PASS ☐ FAIL

○ **Prescriptive Method** cfm25 (Total)

To qualify as "substantially leak free," Q_n Total must be less than or equal to 0.04 if air handler is installed. If air handler unit is not installed, Q_n Total must be less than or equal to 0.03. T testing method meets the requirements in accordance with Section R403.3.3.

Is the air handler unit installed during testing?

☐ YES (≤ 0.04 Q_n) ☐ NO (≤ 0.03 Q_n)

○ **Performance/ERI Method** cfm25 (Out or Total)

To qualify using this method, Q_n must not be greater than the proposed duct leakage Q_n specifi on Form R405—~~2023~~ or R406—~~2023~~.

Leakage Type selected on Form R405—~~2023~~ (EnergyCalc) or R406—~~2023~~	*Q_n specified of Form R405—~~2023~~ (EnergyCalc) or R406—~~2023~~*

Duct tightness shall be verified by testing in accordance with ANSI/RESNET/ICC380 by either individuals as defined in Section 553.993(5) or (7), *Florida Statutes*, or individuals licensed as set forth in Section 489.105(3)(f), (g) or (i), *Florida Statutes*.

Testing Company

Company Name: _____ Phone: _____

I hereby verify that the above duct leakage testing results are in accordance with the Florida Building Code requirements with the selected compliance path as stated above, either the Prescriptive Method or Performance Method.

Signature of Tester: _____ Date of Test: _____

Printed Name of Tester: _____

License/Certification #: _____ Issuing Authority: _____