

DUCT TIGHTNESS TEST
CITY OF GAFFNEY
(864) 487-8500

DATE: _____

ADDRESS OF TEST SITE: _____

SQUARE FOOTAGE OF (TESTED) CONDITIONED FLOOR AREA: _____

OWNER NAME: _____

HVAC CONTRACTOR: _____

TESTER NAME: _____

TESTER CERTIFICATE TYPE: _____ and number _____

OR tester trained by (school, agency or manufacturer) _____

* If the tester is trained but not certified, the test must be witnessed by an inspector of the jurisdiction.

All tests shall be conducted at 25 pascals.

All register boots shall be taped or otherwise sealed during the test.

A duct tightness test is not required if the air handler and all ducts are located within conditioned space.

The test results were as follows:

○ The test was conducted at rough-in and the total leakage was recorded as _____ cfm's.

with air handler **installed**

with air handler **not installed**

❖ With the air handler **installed** the total leakage must be less than or equal to 6 cfm's per 100 square feet of conditioned floor area.

❖ With the air handler **not installed** the total leakage must be less than or equal to 4 cfm's per 100 square feet of total floor area.

○ The test was conducted post construction and total leakage was recorded as _____ cfm's.

❖ Including the manufacturers' air handler enclosure the total leakage shall be equal to or less than 12 cfm's per 100 square feet of total floor area.

The person signing below testifies that they have conducted the test in accordance with all code and manufacturer's requirements and have accurately recorded the results.

TESTER

DATE

WITNESS

DATE