



Residential Duct & Envelope Testing (DET) Certification Form

Use this form to provide test results and certify the DET performed on your property.

Property Address

Enter the house location.

1

Address _____

Owner/Owner's Agent

Provide the contact information for the owner/owner's agent and the associated permit number.

2

Name _____ Permit Number _____

Email _____ Phone | | | | | | | | | | | | | | | | | | | | | |

Building Envelope Air Leakage Information

Use this section to provide details about the **mandatory** Building Envelope Air Leakage testing.

- (a) Provide the results of the mandatory Blower Door Test.
- (b) Confirm the mandatory Visual Inspection.
- (c) The testing company responsible for performing the testing/inspection must complete this section.

3

(a) Blower Door Test Results

Fan Flow at 50 Pascals = _____ CFM50 Total Conditioned Volume = _____ ft³

ACH50 = CFM50 x 60 / Volume = _____ ACH50

(b) Visual Inspection

Air Barrier and Insulation Installation Final Inspection Checklist (on reverse) has been completed and signed.

(c) Testing Company Information

Testing Company _____ Tester Name _____

Email _____ Phone | | | | | | | | | | | | | | | | | | | | | |

Tester Signature _____ Date _____

BPI or HERS Certification #: BPI #: _____ HERS Rater #: _____ HERS RFI #: _____

Heating and Cooling System Duct Leakage Information

Use this section to provide details about the Heating and Cooling System Duct Leakage testing.

- (a) If testing is not required (based on the ducts' location), check the box to certify, then sign.
- (b) Check the box to indicate the: i) energy code compliance path and ii) type of test performed.
- (c) Provide the results of the Duct Leakage Test.
- (d) The testing company responsible for performing the testing/inspection must complete this section.

4

(a) Duct Certification

I certify that all portions of the ducts are located entirely within the building thermal envelope. Testing is not required.

Owner/owner's representative signature _____ Date _____

(b) Total Duct Leakage Test

- i) Energy code compliance path: Prescriptive (including REScheck) Performance or Energy Rating Index
- ii) Type of test performed: Rough-in with air handler Rough-in without air handler Post construction

(c) Test Results

System 1: Fan Flow at 25 Pascals (CFM25) = _____ CFM Conditioned Floor Area (CFA) served by system = _____ ft²

CFM25 / CFA x 100 = _____ CFM/100 ft²

System 2 (if present): Fan Flow at 25 Pascals (CFM25) = _____ CFM

Conditioned Floor Area (CFA) served by system = _____ ft² CFM25 / CFA x 100 = _____ CFM/100 ft²

(d) Testing Company Information

Testing Company _____ Tester Name _____

Email _____ Phone | | | | | | | | | | | | | | | | | | | | | |

Tester Signature _____ Date _____

BPI or HERS Certification #: BPI #: _____ HERS Rater #: _____ HERS RFI #: _____

Qualified professionals may be found at:

<https://peconehomes.com/builders/find-participating-raters/>

<http://www.bpi.org/sites/default/files/Locator.html>



Air Barrier and Insulation Installation Final Inspection Checklist

Property Address

Enter the house location.

1

Address _____

Owner/Owner's Agent

Provide the contact information for the owner/owner's agent and the associated permit number.

2

Name _____ Permit Number _____

Email _____ Phone | | | | | | | | | | | | | | | | | | | | | |

Final Inspection Details

Check each box to confirm all inspections were performed.

Use the lines to provide any additional details about the inspection.

3

Final Inspection

Ceiling/Attic	<input type="checkbox"/>	Recessed light fixtures installed in the building thermal envelope are sealed to the drywall.
	<input type="checkbox"/>	Insulation is installed in each ceiling assembly that separates conditioned space from unconditioned space or outdoors.
	<input type="checkbox"/>	Insulation R-value is R-49 or greater. ¹ (A minimum of R-38 insulation is allowed if the full height of uncompressed insulation extends over the top of the walls.)
	<input type="checkbox"/>	Access openings, drop down stairs, or knee wall doors to unconditioned attic spaces are sealed.

¹ Exception: Values match those listed in an approved REScheck, Simulated Performance, or ERI report.

Notes:

Testing Company

The testing company responsible for performing the inspection must complete this section.

4

Testing Company _____ Tester Name _____

Email _____ Phone | | | | | | | | | | | | | | | | | | | | | |

Tester Signature _____ Date _____

BPI or HERS Certification #: BPI #: _____ HERS Rater #: _____ HERS RFI #: _____