

Test Date: _____

Test Site Address: _____

Subdivision: _____

City: _____ State: _____

Builder: _____

Superintendent: _____

Conditioned Sq. Ft: _____ Total Volume: _____ Direction: _____

INSPECTION RESULT:	
PASS	<input type="checkbox"/>
FAIL	<input type="checkbox"/>

Infiltration Rate _____ @ 50 cfm	ACH 50 = _____
Duct Leakage: _____ @ 25 cfm	Max Leakage Allowed: _____ @ 25 cfm
Tested by: <input type="checkbox"/> Leakage to Outside	<input type="checkbox"/> Total Duct Leakage

(4 cfm / 100 sq. ft. max for 2012/2015 IECC)

Attic Insulation: _____

Furnace: _____ Model#: _____

Furnace: _____ Model#: _____

AC Condenser: Type: _____ Model#: _____

AC Condenser: Type: _____ Model#: _____

Electric Meter: Make: _____ Model#: _____

Water Heater: Make: _____ Model#: _____

Fluorescent Bulbs%: Interior: _____ Exterior: _____ Garage: _____

Photos of Items in Red Ink By: _____ **Number of Returns:** _____

Fresh Air Ventilation? YES NO

Programmable Thermostat: YES NO

Radiant Barrier Used? YES NO

COMMENTS / CONCERNS: _____

INSPECTOR: _____ **LICENSE #:** _____

COMPANY NAME: _____