

**DUCT LEAKAGE TEST REPORT**  
 Residential Prescriptive, Performance or ERI Method Compliance  
 2023 Florida Building Code, Energy Conservation, 8th Edition

|   |   |   |  |
|---|---|---|--|
| Jurisdiction: _____   |   | Permit #: _____                           |  |
| <b>Job Information</b>  |   |   |  |
| Builder: _____  |   | Community: _____                          | Lot: _____                                   |
| Address: _____  |   |   |  |
| City: _____   | State: FL   |   | Zip: _____                                   |
| <b>Duct Leakage Test Results</b>  |   | <input type="radio"/> Prescriptive Method | <input type="radio"/> Performance/ERI Method |
| System 1 _____ cfm25  | <input type="radio"/> <b>Prescriptive Method cfm25 (Total)</b><br>To qualify as "substantially leak free," $Q_n$ Total must be less than or equal to 0.04 if air handler unit is installed. If air handler unit is not installed, $Q_n$ Total must be less than or equal to 0.03. This testing method meets the requirements in accordance with Section R403.3.3.<br><br>Is the air handler unit installed during testing?<br><input type="checkbox"/> YES (=0.04 $Q_n$ ) <input type="checkbox"/> NO (=0.03 $Q_n$ )  |   |  |
| System 2 _____ cfm25  |   |   |  |
| System 3 _____ cfm25  |   |   |  |
| Sum of any others _____ cfm25   |   |   |  |
| Total of all _____ cfm25  | <input type="radio"/> <b>Performance/ERI Method cfm25 (Out or Total)</b><br>To qualify using this method, $Q_n$ must not be greater than the proposed duct leakage $Q_n$ specified on Form R405—2023 or R406—2023.<br><br>Leakage Type selected on Form R405—2023 (EnergyCalc) or R406—2023 $Q_n$ specified of Form R405—2023 (EnergyCalc) or R406—2023<br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 150px; height: 20px;"></div> <div style="border: 1px solid black; width: 150px; height: 20px;"></div> </div> |   |  |
| $\frac{\text{Total of all systems}}{\text{Total Conditioned Square Footage}} = \text{_____ } Q_n$   |   |   |  |
| <input type="checkbox"/> <b>PASS</b> <input type="checkbox"/> <b>FAIL</b>   |   |   |  |
| 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. |   |   |  |
| <b>Testing Company</b>  |   |   |  |
| 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: _____                  |  |