

Envelope Leakage Test Form

Testing Company

Name: _____

Address: _____

Phone: _____

Technician

Name: _____

Credentials: _____

Email: _____

Building Information

Project ID: _____

Address: _____

Customer Information

Name: _____

Address: _____

Phone: _____

Email: _____

Test Results

Measured Leakage: _____

Leakage Target: _____

Compliance with Leakage Target: Pass Fail

Test ID: _____

Measured CFM50: _____

Building Volume: _____

Enclosure Surface Area: _____

ACH50 = (CFM50 x 60)/Volume: _____

CFM50/Sq Feet of Surface Area: _____

Test Characteristics

Indoor Temp: _____

Outdoor Temp: _____

Altitude: _____

Time Average Period: _____

Test Date: _____

Test Equipment

Flow Device: _____

Serial Number: _____

Pressure Gauge: _____

Serial Number: _____

Calibration Date: _____

Comments: _____

Technician Signature: _____

Date: _____