



843-915-5090



843-918-1111



843-280-5560



843-488-9888



843-545-4010



843-913-6111

**Residential - Duct Sealing Certificate
Due at Rough-In Inspection**

Building Permit Number:

Contractor Name:

Owner Name:

Address:

Address:

Phone:

Phone:

Location of Work:

The duct tightness was tested by the above referenced contractor.

If all ducts are not located within conditioned space, builder must verify one of the following:
Post Construction duct leakage to outdoors (PCO) is \leq 8 cfm/100 ft²
Post Construction total duct leakage (PCT) is \leq 12 cfm/100 ft².
Rough-In total Leakage (RIT) is \leq 6 cfm/100 ft².
State which method was used to conduct the duct tightness test:
Duct Blower (DB), Modified Blower Door Subtraction Method (MBDS), or Automated Multipoint Blower Door (AMBD).

Table

System Unit	Test (PCO, PCT, RIT)	Method (DB, MBDS, AMBD)	Test Result cfm /100 sqft
1	<input type="checkbox"/> PCO <input type="checkbox"/> PCT <input type="checkbox"/> RIT	<input type="checkbox"/> DB <input type="checkbox"/> MBDS <input type="checkbox"/> AMBD	
2	<input type="checkbox"/> PCO <input type="checkbox"/> PCT <input type="checkbox"/> RIT	<input type="checkbox"/> DB <input type="checkbox"/> MSDS <input type="checkbox"/> AMBD	
3	<input type="checkbox"/> PCO <input type="checkbox"/> PCT <input type="checkbox"/> RIT	<input type="checkbox"/> DB <input type="checkbox"/> MSDS <input type="checkbox"/> AMBD	

Certification

The Contractor hereby certifies the above referenced duct tightness test was done in accordance with the specification established by the 2009 International Energy Conservation Code Section 403.

Print name

Signature of Contractor/Third Party Inspector

Date

Print name

Signature of Notary

Date

Notary State Commission

Notary Expiration Date