

**INSTRUCTIONS:** When the Residential Energy Code requires energy testing (air leakage and duct leakage tests), the results must be documented using this form. The testing must be done by an independent third-party energy technician registered with the City of Houston. The results will need to be submitted to the Mechanical Inspector at the final inspection. If more than 3 systems are installed, please fill out an additional form.

For more information, refer to the following sections in the 2021 IECC: **R402.4.1.2 Air leakage**, **R402.4 – R402.4.1.3 Testing**, **R403.3.5 Duct testing**, **R403.3.6 Duct leakage (Prescriptive)**

PROJECT INFORMATION		
Project Address: _____ Project #: _____ Test Date: _____		
Type of Energy Compliance: <input type="checkbox"/> Prescriptive Compliance Option <input type="checkbox"/> Total Building Performance Option <input type="checkbox"/> Energy Rating Index Option <input type="checkbox"/> Additional Energy Efficiency		
BUILDING ENVELOPE AIR LEAKAGE TEST RESULTS (SEC. 402.4.1.2)		
Test in accordance with ASTM E 779 or ASTM E 1827 and reported at a pressure of 0.2 in. w.g. (50 Pascals)  <b>Target CFM at ACH/50:</b> _____ <b>Actual CFM at ACH/50:</b> _____  <b>Whole-house Ventilation Required:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Pass  <input type="checkbox"/> Fail
MECHANICAL VENTILATION (SEC 403.6.3)		
<b>KITCHEN EXHAUST</b>	Actual CFM: _____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>BATHROOM EXHAUST #1</b>	Actual CFM: _____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>BATHROOM EXHAUST #2</b>	Actual CFM: _____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>BATHROOM EXHAUST #3</b>	Actual CFM: _____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>BATHROOM EXHAUST #4</b>	Actual CFM: _____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>UTILITY ROOM</b>	Actual CFM: _____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
DUCT LEAKAGE TEST RESULTS (SEC. 403.3.5 & 403.3.6)		
Target per 2021 IECC: 4 CFM per 100 sq. ft. conditioned space <i>Depressurization of duct system</i>		
<b>SYSTEM #1</b> <b>Target Duct Leakage CFM:</b> _____ <b>Actual Duct Leakage CFM:</b> _____		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>SYSTEM #2</b> <b>Target Duct Leakage CFM:</b> _____ <b>Actual Duct Leakage CFM:</b> _____		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>SYSTEM #3</b> <b>Target Duct Leakage CFM:</b> _____ <b>Actual Duct Leakage CFM:</b> _____		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
ACKNOWLEDGEMENT		
<input type="checkbox"/> I certify that as a 3rd Party Rater, I am in NOT affiliated with the building design or construction of this project. Name of Technician (Print Legibly): _____ Signature: _____ ETT # _____		

*This is a legal document that will be placed into public record. Falsification of information could lead to legal action.*

