

Jefferson Parish Blower Door Testing Reporting Form

BUILDING LOCATION

PERMIT NUMBER _____
OWNER NAME _____
ADDRESS _____
PHONE _____
EMAIL _____

BLOWER DOOR TEST

DEPRESSURIZATION _____ OR PRESSURIZATION _____

TEST RESULTS BELOW 5 ACH50 REQUIRES MECHANICAL VENTILATION
ABOVE 7 ACH50 REQUIRES AIR SEALING

HOUSE FOOTPRINT _____ SQ FT X _____ CEILING HEIGHT = _____ OF VOLUME
(_____ CFM50 X 60) / _____ CF = _____ ACH50

Pass _____ Fail _____ DATE OF TEST _____

CONTRACTOR INFORMATION

COMPANY NAME _____
PERSON CONDUCTING TEST _____
CERTIFICATION NUMBER _____
NATIONAL CERTIFYING _____ EXPIRATION _____
PHONE _____

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT. ANY CERTIFICATION, ONCE SUBMITTED TO JEFFERSON PARISH, BECOMES A PUBLIC RECORD OF THE PARISH OF JEFFERSON AND IS SUBJECT TO STATE LAW AND THE PUBLIC RECORDS DOCTRINE.

SIGNATURE

PRINTED NAME