

# Jefferson Parish

## Duct Leakage Testing Reporting Form

**BUILDING LOCATION**

PERMIT NUMBER \_\_\_\_\_  
 OWNER NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 \_\_\_\_\_  
 PHONE \_\_\_\_\_  
 EMAIL \_\_\_\_\_

**TOTAL LEAKAGE CONDUCTED**

DEPRESSURIZATION \_\_\_\_\_ OR PRESSURIZATION \_\_\_\_\_

**TEST RESULTS**     ROUGH-IN W/O AIR HANDLER 4 CFM     FINAL W/O BLOWER DOOR 8 CFM  
 ROUGH-IN W/AIR HANDLER 6 CFM     FINAL W/BLOWER DOOR 12 CFM

**DATE OF TEST** \_\_\_\_\_

SYSTEM	TEST/STANDARD (CFM/100 SF)	AREA SERVED	CFM <sub>25</sub>	RESULT (%)	PASS/FAIL
1.					
2.					
3.					

**CONTRACTOR INFORMATION**

COMPANY NAME \_\_\_\_\_  
 PERSON CONDUCTING TEST \_\_\_\_\_  
 CERTIFICATION NUMBER \_\_\_\_\_  
 NATIONAL CERTIFYING AGENCY \_\_\_\_\_ 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