

**Blower Door Testing and Mechanical Ventilation  
(Required for permits submitted July 1, 2017 and after)**

The Fifth Edition of the Florida Building Code (FBC) requires blower door testing for all residential dwelling units. This would include single family houses, town houses, duplexes, and **each** condominium and apartment unit where the building is three stories or less. The Energy Code requires that the ACH (air changes per hour) be seven (7) or less. Mechanical ventilation is required if the blower door test has a result of less than three (3) ACH.

**Who can perform the blower door test**

**Individuals** with the following certifications/licensures will be approved:

1. Individuals defined under FS 553.993 (5) or (7)
  - Energy Auditor or Energy Rater
  - Currently Certified through RESNET or BUILDING PERFORMANCE INSTITUTE
2. Individuals licensed under FS 489.105(3)(f),(g)or(i);
  - Class A Air Conditioning Contractor
  - Class B Air Conditioning Contractor
  - Mechanical Contractor
3. Individuals who have obtained blower door training certification from a recognized agency

If you wish to be approved, please visit Bay County Builder's Services office to register with our department. Class A air conditioning, Class B air conditioning and mechanical contractors that are currently registered with Bay County Builder's Services are already approved to perform blower door tests at this time. Raters, auditors and other certified individuals will be required to visit Bay County Builder's Services office to register.

**What needs to be submitted and when**

The attached Blower Door Test Form is to be completed by the tester. The blower door test form is required to be signed by the license holder or the certificate holder. The blower door test form is to be provided to the Bay County Builder's Services before a Certificate of Occupancy will be issued.



**BUILDERS SERVICES**  
 840 West 11<sup>th</sup> Street  
 Panama City, Florida 32401  
 Telephone: (850) 248-8350  
 Fax: (850)-248-8384

## BLOWER DOOR TEST FORM

Building Permit #:

<b>Job Information</b>
Address: _____ Unit #: _____
City, State, Zip: _____
<b>Air Infiltration Test Results</b>
CFM(50) = _____
Volume = _____
ACH(50) = CFM(50) X 60 / Volume _____
= <input type="checkbox"/> Pass <input type="checkbox"/> Fail

<b>Certification of Test Results</b>
<p><b>R402.4.1.2 Testing.</b> The building or dwelling unit shall be tested and verified as having an air leakage rate of not exceeding 7 air changes per hour in Climate Zones 1 and 2, and 3 air changes per hour in Climate Zones 3 through 8. Testing shall be conducted with a blower door at a pressure of 0.2 inches w.g. (50 Pascals). Testing shall be conducted by either individuals as defined in Section 553.993(5) or (7), Florida Statutes or individuals licensed as set forth in Section 489.105(3)(f), (g), or (i) or an <i>approved</i> third party. A written report of the results of the test shall be signed by the party conducting the test and provided to the <i>code official</i>. Testing shall be performed at any time after creation of all penetrations of the <i>building thermal envelope</i>.</p> <p>I hereby certify that the above Air Infiltration Test results demonstrate compliance with Florida Energy Code requirements in accordance with the Florida Building Code-Energy Conservation R402.4.1.2 5<sup>th</sup> Edition (2014).</p> <p>Signature: _____</p> <p>Printed Name: _____ Date: _____</p> <p>Company: _____ LIC #: _____</p>

Sworn to (or affirmed) and subscribed before me the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

By \_\_\_\_\_ (name of person making statement)

Personally Known

Or produced identification

Type of identification produced \_\_\_\_\_

**Notary Seal**