



# DUCT LEAKAGE AFFIDAVIT

Please **COMPLETE** "ALL" fields below

710 E Mullan Avenue, Coeur d'Alene ID 83814  
Phone: (208) 769-2267 Fax: (208) 769-2237

Permit #: \_\_\_\_\_

### DESIGNATED CONTACT PERSON

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**DUCT LEAKAGE TESTING IS NOT REQUIRED IF ALL OF THE DUCTWORK AND AIR HANDLERS ARE LOCATED IN CONDITIONED SPACE.**

If the air handler or any ductwork is installed in un-conditioned space, duct tightness testing is required to be conducted in order to verify that the ducts are sealed to the minimum standard as prescribed in the 2012 International Residential Code Section N1103.2.2. This signed affidavit documenting the test results shall be provided to the City of Coeur d'Alene Building Services Department by the testing agent. When required by the building official, the test shall be conducted in the presence of Department staff.

Project Address: \_\_\_\_\_ Coeur d'Alene, ID \_\_\_\_\_

Conditioned Floor Area From Approved Plans: \_\_\_\_\_ Sq Ft

Test Conducted at: \_\_\_\_\_ Post-Construction \_\_\_\_\_ Rough-in

Flow Ring(s) Used in Test: \_\_\_ Open \_\_\_ 1 \_\_\_ 2 \_\_\_ 3

Duct Tester Location: \_\_\_\_\_ Pressure Tap Location: \_\_\_\_\_

Test Method and Maximum Duct Leakage:

\_\_\_ Post Construction, total duct leakage: (floor area X .12) = \_\_\_\_\_ CFM @ 25 Pa

\_\_\_ Post Construction, duct leakage to outdoors: (floor area X .08) = \_\_\_\_\_ CFM @ 25 Pa

\_\_\_ Rough-in, total duct leakage with air handler installed: (floor area X .06) = \_\_\_\_\_ CFM @ 25 Pa

\_\_\_ Rough-in, total duct leakage with air handler not installed: (floor area X .04) = \_\_\_\_\_ CFM @ 25 Pa

Amount of Duct Leakage Recorded in Test: \_\_\_\_\_ CFM @ 25 Pa

### TEST RESULT:

\_\_\_ PASS \_\_\_ FAIL

**I certify that these duct leakage rates are accurate and determined using standard duct testing protocol.**

Company Name: \_\_\_\_\_ Technician: \_\_\_\_\_

Technician Signature: \_\_\_\_\_ Date: \_\_\_\_\_