



15485 CLUB DELUXE ROAD  
 HAMMOND, LA 70403  
 OFFICE: (985) 542-2117  
 FAX: (985) 542-8574

## Total Duct Leakage Verification Form

Address: _____	Date: _____
_____	
_____	
_____	
Permit #: _____	

HVAC Installing Company \_\_\_\_\_

Duct Tightness Testing Completed By: \_\_\_\_\_ Phone # \_\_\_\_\_

Certification Number \_\_\_\_\_ National Certifying Body \_\_\_\_\_

**Note: If all of the ductwork and air handler are in the conditioned space this test is not required**

Total Duct Leakage is accomplished by the use of a Duct Leakage Tester alone and makes no representation to Leakage to Outdoors.

***Types of testing and Total Duct Leakage Test limits as described in IECC 2009 and adopted by the State of Louisiana***

- **RIWO** Rough In With-Out air handler installed is  $\leq 4$  CFM per 100 ft<sup>2</sup> CFA
- **RIW** Rough In With air handler installed is  $\leq 6$  CFM per 100 ft<sup>2</sup> CFA
- **PCW** Post Construction With air handler installed is  $\leq 12$  CFM per 100 ft<sup>2</sup> CFA

System Name	CFA	Type of test performed	CFM per 100 ft <sup>2</sup> CFA	Pass/ Fail

NOTE: This certificate shall be submitted to the appropriate Code official for approval and a copy made available to the homeowner for their records.