



PUBLIC PROTECTION CABINET

Department of Housing, Buildings and Construction
Division of HVAC
500 Mero Street, First Floor
Frankfort, Kentucky 40601-1987
Phone: 502-573-0395, Fax: 502-573-1401
www.dhbc.ky.gov



Kentucky Residential Energy Code Duct Testing Results

Project Address: _____ HVAC Permit #: _____

Builder/Owner: _____ Contact Phone Number: _____

Mechanical Summary: **Duct Tightness Verification (DTV)**

Tool used to conduct the duct tightness test:

- duct blower
- blower door subtraction method
- flow hood

Unless all ducts are located within conditioned space, one of the following must be verified (indicate one):

- Post-construction duct leakage to outdoors is ≤ 8 cfm per 100 ft² @ 25 Pa
- Post-construction total duct leakage is ≤ 12 cfm per 100 ft² @ 25 Pa
- Rough-in total duct leakage with air handler installed is ≤ 6 cfm per 100 ft² @ 25 Pa
- Rough-in total duct leakage without air handler installed is ≤ 4 cfm per 100 ft² @ 25 Pa

Square footage of conditioned floor area served by HVAC system: _____ ft²

Test leakage measurement at 25 Pa: _____ cfm

Formula: $\text{cfm}_{25} \times 100 / \text{ft}^2$ of conditioned floor area served = Duct Leakage Result

_____ $\text{cfm}_{25} \times 100 /$ _____ ft^2 of conditioned floor area served = _____ cfm leakage/100 ft²

Test Conducted by: _____ Date Test Conducted: _____

HVAC Contractor: _____ HVAC Master # _____

The master contractor must sign and date below.

A duct leakage test has been performed on the HVAC system at the above location by me or someone employed by me. The duct system meets the minimum leakage requirements as outlined in the 2009 International Energy Conservation Code. I am responsible to submit accurate test results to the permitting authority before final HVAC inspection.

HVAC Master Signature: _____ Date: _____



An Equal Opportunity Employer M/F/D