

# BLOWER DOOR & HOUSE PRESSURES

**AUDITOR:**

**CLIENT NAME:**

**AUDIT DATE:**

**CLIENT ID:**

## Auditor Blower Door Testing

BLOWER DOOR SETUP				MULTI-POINT TESTING	
TEMPERATURE:	IN:	OUT:	FIREPLACE <input type="checkbox"/>	DAMPER <input type="checkbox"/>	CFM@ PA
WIND SPEED:			WOOD STOVE <input type="checkbox"/>	DAMPER <input type="checkbox"/>	CFM@ PA
# WINDOW AC:			<u>BASELINE</u>	<u>AIR HANDLER ON</u>	CFM@ PA
RING:			PA	PA	CFM@ PA

<b>LOCATION:</b>	<b>AUDIT:</b> <b>CFM@</b> PA	<b>TARGET:</b> <b>CFM @</b> PA
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## Crew Blower Door Testing

	CREW PRE WX	CREW POST WX	QCI
DATE:			
TEMPERATURE:	IN:                  OUT:	IN:                  OUT:	IN:                  OUT:
WIND SPEED:			
# WINDOW AC:			
RING:			
<b>READING:</b>	<b>CFM @</b> PA	<b>CFM @</b> PA	<b>CFM @</b> PA

CREW DAILY TESTS	COMMENTS:
Date:                  Reading:	
CFM@      PA	

## Zonal Pressures (Pa)

LOCATION	AUDIT (OPTIONAL)	PRE	POST	INSP.

Room-to-Room Pressures (Pa)					Pressure Pan Testing (Pa)					
LOCATION	PRE	POST	ADJUST		QCI	LOCATION	#	TYPE	AUDIT	QCI
Bedroom 1			Y	N				S or R		
Bedroom 2			Y	N				S or R		
Bedroom 3			Y	N				S or R		
Bedroom 4			Y	N				S or R		
Bedroom 5			Y	N				S or R		
Bath			Y	N				S or R		
Bath			Y	N				S or R		
Basement			Y	N				S or R		
			Y	N				S or R		
			Y	N		<b>Exhaust Fan Testing (CFM)</b>				
			Y	N		<b>*MEASURE POST READING IF REPAIRED/REPLACED*</b>				
			Y	N		LOCATION		AUDIT	POST	QCI
			Y	N		Bath 1				
<b>Ambient CO Measurements</b>						Bath 2				
Location		Audit		QCI		Bath 3				
Room w/Heating System						Kitchen				
Room w/DHW						Whole House				
Living Area										
Kitchen										

COMMENTS:

Worst Case CAZ Depressurization and Spillage							
	Audit	Pre-WX	Day 1	Day 2	Day 3	Post WX	QCI
Date:							
Temp:							
System	CAZ   Spillage						
Heating 1:							
Heating 2:							
DHW 1:							
DHW 2:							
<b>** DISCONTINUE WORK AND CONTACT AGENCY IF SPILLAGE EXCEEDS 120 SECONDS**</b>							