



DUCT LEAKAGE AFFIDAVIT

PERMIT #: _____

Please complete "ALL" fields below

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

If the air handler or any ductwork is installed in an 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 2018 International Residential Code §N1103.2.2. This signed affidavit documenting the test results shall be provided to Kootenai County Building and Planning Department by the testing agent. When required by the building official, the test shall be conducted in the presence of Department staff.

PROJECT ADDRESS: _____

CONDITIONED FLOOR AREA (ft²) FROM APPROVED PLANS: _____

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 & 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 RESULTS: _____ **PASS** _____ **FAIL**

I, THE UNDERSIGNED, CERTIFY THAT THESE DUCT LEAKAGE RATES ARE ACCURATE AND DETERMINED USING STANDARD DUCT TESTING PROTOCOL.

Company Name: _____ Technician: _____

Technician Signature: _____ Date: _____

Phone #: _____ Email: _____