CITY OF NEW ORLEANS DEPARTMENT OF SAFETY & PERMITS MECHANICAL DIVISION **Blower Door Reporting form**

All blower door reporting forms are to be done by approved providers. Providers shall be approved by City of New Orleans Chief Building Official prior to date of inspections.

Building Location Infor	mation Permit N	umber	
Owner Name:		_	
Address:			
			ZIP:
Phone: ()	Email:		
	erent: Address:		
City:	State: ZIP:	Alt. phone: (_	
Contractor:			
ZIP:Pho	ne: () En	nail:	
Contact Name:			
Person Conducting Tes	t:	Certification:	Expiration:
Test Date:			
Temp Outside: To	emp Inside Difference <	30 degrees F. Y/N. Correcti	ion Factor
	tion orPress		
Baseline Range:	pac (0-5pac) (_5-10Pac) (greater	than 10pac)
Meter Configuration: _	Fan Configuration	House Press	surepac.
Fan Reading		cfm50	
Blower Door Corrected	for temperature Greater than 3	30 Degrees	cfm50
House Foot print	sqft. Average Ceiling H	eight House Volume	e:cuft
1	_cfm50 X 60) / House Volume	ou ft	- ACHEO
L	_ciliso x 60// floase volulie_	cu.it.	АСНЭО
Comments:			
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J	oe Hall Energy Consulting LLC / 8110 West E	vans place, Lakewood Colorado 802	27
	303 884-0228 / joehall.ec@hotmail.com/	www.joehallenergyconsulting.com	
y that the above is true and co ancy.	rrect and understand that any m	isrepresentation of results	will result in revocation o
d Name	 Signature		 Date