

CITY OF NEW ORLEANS DEPARTMENT OF SAFETY & PERMITS MECHANICAL DIVISION

All duct leakage testing 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.

**Total Duct leakage Testing Reporting Form**

<p><b>Building Location Information</b></p> Permit Number _____ Owner Name: _____ Address: _____ City: _____ State: _____ ZIP: _____ Phone: _____ Email: _____ Mailing Address if Different: Address: _____ City: _____ State: _____ ZIP: _____ Alternate phone: _____
<p><b>Contractor Information</b></p> Name: _____ Address: _____ City: _____ State: _____ ZIP: _____ Phone: _____ Email: _____ Contact Name: _____
<p><b>Person Conducting Test</b></p> Name: _____ Certification: _____ Expiration: _____
<p><b>Test Data</b></p> Date: _____ Unit size: _____ tons A/C _____ BTU Heating _____ cfm Air Flow Living Space conditioned by unit: _____ sq.ft. Supply Duct Location _____ Return Duct Location: _____
<p><b>Total Leakage Conducted</b> Depressurization: _____ or Pressurization _____                  Duct Pressure: _____ pac Ring Used: _____ Fan Flow: _____ cfm</p>
<p><b>Test Results</b> fan flow cfm/(square feet of living space x .01) = cfm per 100sq.ft.                  _____ cfm per 100sq.ft. Current Standard _____ cfm per 100sq.ft. <b>Pass</b> _____ <b>Fail</b> _____</p>
<p><b>Comments:</b> _____                  _____                  _____</p>

Copyright 23 December 2014:

Joe Hall Energy Consulting LLC / 8110 West Evans place, Lakewood Colorado 80227

303 884-0228 / [joehall.ec@hotmail.com](mailto:joehall.ec@hotmail.com) / [www.joehallenergyconsulting.com](http://www.joehallenergyconsulting.com)

*I certify that the above is true and correct and understand that any misrepresentation of results will result in revocation of ccupancy.*

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date