

HVAC Duct Leakage Report

Project & Site Information

Project Name:

Site Address:

Date of Test:

Tested by:

Contractor:

HVAC System ID:

Test Information

System Location	System Type	Total Duct Surface (sq.ft.)	Test Pressure (Pa)	Measured Leakage (CFM)	Leakage Allowance (CFM)	Result (Pass/Fail)

Notes & Observations

Certification

Test Technician Signature: Date:

Witness/Owner Rep Signature: Date: