



TOWN OF CHRISTIANSBURG

BLOWER DOOR TEST FORM

Customer Information:
 Location of Test: _____
 Name: _____
 Address: _____
 City: _____
 State/Zip: _____
 Phone: _____
 Email: _____

Tester Information:
 Name: _____
 Address: _____
 City: _____
 State/Zip: _____
 Phone: _____
 Email: _____

Building and Test Conditions:
 Date: _____ Time: _____ Indoor Temperature (F): _____
 Outdoor Temperature (F): _____ Volume (ft³): _____ Floor Area (ft²): _____

Test #1 Depress _____ or Press _____
 Pre-test Baseline Pressure: _____ (Pa)

Bldg Press. (Pa)	Flow Ring Installed	Fan Press (Pa)	Flow (cfm)

Post-test Baseline Pressure: _____ (Pa)
 Fan Model/SN: _____

Results:
 CFM50: _____
 Volume: (ft³): _____
 ACH50: _____

Test #2 Depress _____ or Press _____
 Pre-test Baseline Pressure: _____ (Pa)

Bldg Press. (Pa)	Flow Ring Installed	Fan Press (Pa)	Flow (cfm)

Post-test Baseline Pressure: _____ (Pa)
 Fan Model/SN: _____

Results:
 CFM50: _____
 Volume: (ft³): _____
 ACH50: _____

I hereby certify that the information provided is accurate and complies with Section N1102.4.2.1 of the 2009 Virginia Residential Code.

Name of Tester: _____ Date: _____
(Please print)

Signature of Tester: _____ Date: _____

Tester's Contractor's License Number: _____ BPI/RESNET number: _____

Home Inspector's Certification Number: _____ BPI/RESNET number: _____

***Completed test forms must be submitted to the Town Building Department.**