State of California
DEPARTMENT OF COMMUNITY SERVICES AND DEVELOPMENT
CSD 704 (Rev. 08/25/11)

Blower Door Data Sheet

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Agency/Contractor _____ Address: _____

Customer: Last Name _____ First Name _____ Telephone Number: ( ) –

Customer: Street Address _____ Unit # _____ City _____ ZIP Code _____

☐ Blower Door Test Not Feasible. Reason:

CRF Can't Reach Fifty*			
HP = House Pressure Achieved			
HP Pa	CRF Factor	HP PA	CRF Factor
48	1.03	34	1.28
46	1.06	32	1.34
44	1.09	30	1.39
42	1.12	28	1.46
40	1.16	26	1.53
38	1.20	24	1.61
36	1.24	22	1.71

Structure **Age** _____ Apprx. Yrs

☐ Single Family ☐ Multi-family
☐ Wood Frame ☐ Masonry
Stories:_____ Slab:_____%
☐ Mobile Home 1 2 Wide
Doors:_____ # W/stripped:_____
☐ Add-on Room ☐ Garage Conversion

Ceilings

☐ Drywall ☐ Plaster ☐ Paneling
☐ AccousticTile/Paneling
Condition: ☐ Good ☐ Fair ☐ Poor

Interior Walls

☐ Drywall ☐ Plaster ☐ Paneling
Condition: ☐ Good ☐ Fair ☐ Poor

Windows

☐ H-Slider ☐ V-Slider ☐ Dbl-Hung
☐ Casement ☐ Jalousie ☐ Awning
☐ Fixed/Picture ☐ Other
☐ Aluminum ☐ Vinyl ☐ Wood
☐ Steel • # Panes 1 2
• Perm. Label? Y N
Condition: ☐ Good ☐ Fair ☐ Poor

Exterior Siding

☐ Wood ☐ Vinyl ☐ Masonry
☐ Stucco ☐ Aluminum
Mobile Home: ☐ Metal ☐ Non-Metal
Condition: ☐ Good ☐ Fair ☐ Poor

Cooling/Venting A/C: ☐ NA ☐ Split ☐ Package ☐ Room
Evap. Cooler: ☐ NA ☐ Roof ☐ Wind/Wall
Mech. Ventilation: ☐ NA ☐ Continuous ☐ Intermittant

FAU: ☐ NA ☐ Upflow ☐ Downflow ☐ MH Belly Return ☐ MH Roof Return

FUEL TYPE

☐ Natural Gas		☐ Electric						☐ Wood		☐ LP Gas (Propane)	
☐ Gas Furnace, Heat Only	☐ Gas Furnace Heat & Electric Cool	☐ Resistance Heat Only	☐ Heat Pump, Heat Only	☐ Electric Cool Only	☐ Resistance Heat & Electric Cool	☐ Heat Pump Heat & Electric Cool	☐ Heat Pump, Heat & Cool	☐ Wood Stove, Heat Only	☐ Wood Stove Heat & Electric Cool	☐ Gas Furnace, Heat Only	☐ Gas Furnace Heat & Electric Cool

MVR (Minimum Ventilation Requirement) & Shell Target (Ideal Shell Leakage)—Appendix D

Btuh Inputs:* Heater:_____, WH:_____, Cooktop:_____, Oven:_____, Dryer:_____
*Only appliances drawing combustion air from the living space.

Living Area _____ Sq Ft + # People _____ + # Large Pets _____ = Total # Occupants _____ Open Combustion Input _____ Btu/hr

Target Shell Leakage (MVR) **MVR:** _____ CFM50

Shell ESP—Economic Stop Parameters (Appendix E)

Crew Persons _____ Crew Reduction Required **per Clock Hour** Shell **1-Hour** ESP _____ CFM50 ESP **per 1/2-Hour** _____ CFM50

Blower Door Location & Start/Stop CFM50

☐ Front Door ☐ Back ☐ Side ☐ Other: _____

Start: _____ CFM50 (MVR + 10%) • **Stop:** _____ CFM50 (Target)

☐ Shell Sealing Not Feasible → Shell ☐ Below ☐ <10% above MVR • ☐ CAS Fail • ☐ Other reason:

☐ Ducts Present (Do Duct Sealing First) → For Blower Door Test, Registers/Grilles: ☐ Not blocked (standard) • ☐ Blocked for high leakage or other:

PRE-Wx Tests Date: ___/___/___
Outdoor Temperature: _____ °F
☐ Calm ☐ Windy: _____ mph

Pre-Wx Blower Door Test Fan Configuration: O A B • Time Avg: _____ Sec. • ☐ Depressurized, ☐ Pressurized
Initial Shell Leakage **(A)** _____ CFM50 · Reason Can't Reach 50:_____
☐ "Can't Reach 50" → Maximum House Pressure reached:_____ Pa → "Can't Reach 50" Factor used:*_____

POST-Wx Tests Date: ___/___/___
Outdoor Temperature: _____ °F
☐ Calm ☐ Windy: _____ mph

Post-Wx Blower Door Test Fan Configuration: O A B • Time Avg:_____ Sec. • ☐ Depressurized, ☐ Pressurized
Final Shell Leakage **(B)** _____ CFM50 • Reason Can't Reach 50:_____
☐ "Can't Reach 50" → Maximum House Pressure reached:_____ Pa → "Can't Reach 50" Factor used:*_____

Shell Leakage Reduction

Initial Shell Leakage **(A)** _____ CFM50 (A – B) = **Total Reduction (C)**
Final Shell Leakage **(B)** _____ CFM50 **(C)** _____ CFM50

Mechanical Ventilation required?: ☐ No ☐ Yes
Install: ☐ Continuous: _____ CFM or ☐ Intermittent: _____ CFM
Notes: _____

*DG-700 automatically computes CRP—so CRP Factor is not used with DG-700.

Print Last Name and First Initial of each Crew Member

_____ ☐ _____ ☐
_____ ☐ _____ ☐

Crew Leader's Signature
X _____

Completion Date
___/___/___

California Department of Community Services and Development (CSD)

BLOWER DOOR DATA SHEET

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Customer Name: City: Date:

Shell Leakage Sealing (Blower Door required for Shell Testing & Sealing; Duct Blaster required for Duct Testing & Sealing)

Thermal Bypasses sealed: |_____|# Bathtub Holes, |_____|# Open Wall Cavities, |_____|# Other: _____

Comments: _____

1st Work: Date___/___/_____ |_____|# Crew Persons ▶Sealing Done: _____

Pre |_____|CFM_{50} – **Post** |_____|CFM_{50} = **Reduction** |_____|CFM_{50} • Clock Hours |_____| • **ESP** Reached? Y N • **MVR** Reached? Y N

2nd Work: Date___/___/_____ |_____|# Crew Persons ▶Sealing Done: _____

Pre |_____|CFM_{50} – **Post** |_____|CFM_{50} = **Reduction** |_____|CFM_{50} • Clock Hours |_____| • **ESP** Reached? Y N • **MVR** Reached? Y N

3rd Work: Date___/___/_____ |_____|# Crew Persons ▶Sealing Done: _____

Pre |_____|CFM_{50} – **Post** |_____|CFM_{50} = **Reduction** |_____|CFM_{50} • Clock Hours |_____| • **ESP** Reached? Y N • **MVR** Reached? Y N

The following was achieved: ☐ ESP (Economic Stop Parameter) ☐ MVR (Target) ▶Comments: _____