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California Department of Community Services and Development (CSD)

DUCT BLASTER and BLOWER DOOR DATA SHEET

Contractor _____ Address _____

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

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

DB & BD Wx Dates

Date ___/___/___
Type Work: DB BD
Start:_____ am pm
End : _____ am pm
Total Hours:_____

Date ___/___/___
Type Work: DB BD
Start:_____ am pm
End : _____ am pm
Total Hours:_____

Date ___/___/___
Type Work: DB BD
Start:_____ am pm
End : _____ am pm
Total Hours:_____

Type of Structure	Wall Type	Heating System Type	Heating Fuel Type	Cooling System Type
☐ Single Family ☐ Multi-family	☐ Wood Frame	☐ Wall ☐ Wood Stove	☐ Natural Gas	☐ Central AC ☐ None
# Stories:_____ Slab:_____%	☐ Masonry	☐ Floor ☐ Fireplace	☐ Electric	☐ Window/Wall AC
☐ Singe-Wide Mobile Home	☐ Metal Siding	☐ Gas FAU ☐ Heat Pump	☐ Propane ☐ Wood	☐ Evap Cooler ☐ WHF
☐ Double-Wide Mobile Home	☐ Non-metal Siding	☐ Other_____	☐ Other_____	☐ Other_____

MVR—Minimum Ventilation Requirement (Shell Target—Appendix F)

Living Area (sq ft) _____ # People _____ + # Large Pets _____ = Total # Occupants _____ Open Combustion Input Rating _____ Btu/hr

☐ Near/Below MVR—No Shell Sealing

Minimum Ventilation Requirement

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

ESP—Economic Stop Parameters (Appendix A)

1-Hour ESP → **FAU System Airflow (Appendix J)** →

# of Crew Persons _____ Reduction Required **per Clock Hour** for Crew

Ducts _____ CFM25 **Shell** _____ CFM50

Duct Blaster Location & Start/Stop CFM25*

Start: (Airflow:_____ CFM) x (0.14 + 1-Hr ESP)

☐ Return Grille ☐ FAU/Air Handler Inlet

Start:_____CFM25 • **Stop:**_____CFM25 (Airflow x 0.14)

Blower Door Location & Start CFM50

☐ Front Door ☐ Back ☐ Side

☐ Other:_____

Start:_____CFM50 (MVR + 1 Hr ESP) • **Stop:** MVR

PRE-Wx Tests Date: ___/___/___

☐ Duct Blaster ☐ Blower Door

Outdoor Temperature: _____ °F

☐ Calm ☐ Windy: _____ mph

DUCT Pre-Test (Must use Duct Blaster) ☐ CSD ☐ T-24

Initial Duct Leakage **(A)** _____ CFM25

Fan Configuration: 0 1 2 3 ☐ "Can't Reach Pressure"

☐ Pressurized ☐ Depressurized • Max reached:_____Pa

SHELL Pre-Test (Must use Blower Door) • Ducts Present? Y N

Initial Shell Leakage **(E)*** _____ CFM50

Fan Configuration: O A B ☐ "Can't Reach 50"

☐ Pressurized ☐ Depressurized • Max reached:_____Pa

*All registers and grilles blocked, if ducts present

POST-Wx Tests Date: ___/___/___

☐ Duct Blaster ☐ Blower Door

Outdoor Temperature: _____ °F

☐ Calm ☐ Windy: _____ mph

DUCT Post-Test (Must use Duct Blaster) ☐ CSD ☐ T-24

Final Duct Leakage **(B)** _____ CFM25

Fan Configuration: 0 1 2 3 ☐ "Can't Reach Pressure"

☐ Pressurized ☐ Depressurized • Max reached:_____Pa

SHELL Post-Test (Must use Blower Door)

Final Shell Leakage **(F)*** _____ CFM50

Fan Configuration: O A B ☐ "Can't Reach 50"

☐ Pressurized ☐ Depressurized • Max reached:_____Pa

*All registers and grilles blocked, if ducts present

DUCT LEAKAGE REDUCTION

Initial Duct Leakage **(A)** _____ CFM25 (A – B) = **Total Reduction (C)** _____ CFM25

Final Duct Leakage **(B)** _____ CFM25 (C/A) x 100 = **% Reduction (D)** _____ %

SHELL LEAKAGE REDUCTION

Initial Shell Leakage **(E)** _____ CFM50 (E – F) = **Total Reduction (G)**

Final Shell Leakage **(F)** _____ CFM50 **(G)** _____ CFM50

Last Name and First Initial of each Crew Member

_____ ☐ _____ ☐

_____ ☐ _____ ☐

*Start/Stop formulas shown are for CSD jobs. For Title 24 standards see Appendix J, page J-7.

Crew Leader's Signature

X _____

Completion Date

___/___/___

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Customer Name: **City:**

DUCT LEAKAGE SEALING*
Date ____/____/____

Crew Persons ____

Types: **FLEXIBLE:** ☐ Plastic ☐ Metal • **RIGID:** ☐ Metal ☐ Fiberglass ☐ Building Cavity ☐ Wooden Platform
Comments: _____

1st Work _____
Pre CFM25 ____ _____
Post CFM25 ____ **Reduction** ____ CFM25 Clock Hrs ____.

2nd Work _____
Pre CFM25 ____ _____
Post CFM25 ____ **Reduction** ____ CFM25 Clock Hrs ____.

3rd Work _____
Pre CFM25 ____ _____
Post CFM25 ____ **Reduction** ____ CFM25 Clock Hrs ____.

4th Work _____
Pre CFM25 ____ _____
Post CFM25 ____ **Reduction** ____ CFM25 Clock Hrs ____.

Hazardous Materials: ☐ Not present or ☐ Present in/on: ☐ Supply ☐ Return Comments: _____
Target reached? ☐ Yes ☐ No • **Economic Stop reached?** ☐ Yes ☐ No Comments: _____

SHELL LEAKAGE SEALING*
Date ____/____/____

Crew Persons ____

Thermal Bypasses Sealed: ____ # Bathtub Holes, ____ # Wall Cavities, ____ # Other: _____
Comments: _____

1st Work _____
Pre CFM50 ____ _____
Post CFM50 ____ **Reduction** ____ CFM50 Clock Hrs ____.

2nd Work _____
Pre CFM50 ____ _____
Post CFM50 ____ **Reduction** ____ CFM50 Clock Hrs ____.

3rd Work _____
Pre CFM50 ____ _____
Post CFM50 ____ **Reduction** ____ CFM50 Clock Hrs ____.

4th Work _____
Pre CFM50 ____ _____
Post CFM50 ____ **Reduction** ____ CFM50 Clock Hrs ____.

Target reached? ☐ Yes ☐ No • **Economic Stop reached?** ☐ Yes ☐ No Comments: _____

*** Testing with a DUCT BLASTER is required for DUCT Leakage Sealing. Testing with a BLOWER DOOR is required for SHELL Leakage Sealing.**