



City of Staunton

Permit #: _____

Ducted HVAC System Test Report *

Address Where This System is Installed: _____

Date This Test Was Performed: (mm/dd/yy) ____ / ____ / ____

System Type?

Split System Heat Pump Air Conditioning (AC) Warm Air Furnace with AC

Warm Air Furnace without AC Ducted Mini-Split Other (specify) _____

Air Handler Location?

Unconditioned Attic Conditioned Attic Unconditioned Crawlspace Conditioned Crawlspace

Unconditioned Basement Conditioned Basement Other (specify) _____

Equipment, Training, Pressure Differential, Phase of Construction, System Leakage

Manufacturer of Test Equipment Used? _____

Was Individual Performing This Test Trained on Equipment Used?

YES

Pressure Differential Applied to System During Test?

0.1 inch w.g. (25 Pascals)

Phase of Construction at Time of Test?

Rough-in (before installation was complete)

If Test was Performed at Rough-in, was Air Handler Installed? YES NO

Post Construction (installation complete with air handler installed)

System Leakage per 100 Square Feet of Conditioned Floor Area?

Less than or Equal to 3 Cubic Feet per Minute (cfm)

Greater than 3 cfm But Not Greater than 4 cfm

Mechanical Contractor or Company Name: (Print) _____

Name of Individual Performing This Test: (Print) _____

Signature of Individual Performing This Test: _____

Date Signed: (mm/dd/yy) ____ / ____ / ____

* This report shall be completed in its entirety and shall verify compliance with 2021 Virginia Residential Code (VRC) Sections N1103.3.5 and N1103.3.6. Except where exempt in accordance with N1103.3.5 and Prior to Receiving a Certificate of Occupancy, a test report for each ducted HVAC system installed in a newly constructed dwelling regulated by the VRC shall be mailed or hand delivered to Building Services Division, City Hall, Third Floor, 116 W. Beverley St., P.O. Box 58, Staunton, VA 24402. Reports required for code compliance shall not be left posted on job sites or hand delivered to inspectors in the field.