



ARLINGTON COUNTY, VIRGINIA
INSPECTION SERVICES DIVISION
AIR LEAKAGE/ DUCT LEAKAGE TEST

This form is to provide the Air Leakage and/or Duct Leakage Test report in accordance with RESNET/ICC 380, ASTM E779, or ASTM E1827. The attachment report will be reviewed prior to entering a final inspection result on the associated building permit.

PERMIT HOLDER'S INFORMATION
Name: _____
Email: _____
Phone: _____

PROJECT INFORMATION
Name: _____
Street Address: _____
Building Permit Number: _____

TESTING COMPANY'S INFORMATION
Tester's Name: _____
Testing Company: _____
Certification Agency: _____
License/ Certification: _____
Expiration Date: _____

REPORT RESULT
AIR LEAKAGE
Pass: _____ Fail: _____
Comments: _____

REPORT RESULT
DUCT LEAKAGE
Pass: _____ Fail: _____
Comments: _____

