

Complete this form when the chosen energy efficiency design compliance path requires a verified post construction airtightness test:

- Tiered Prescriptive Path achieves points through Table 9.36.8.8., or
- Tiered Performance Path:
 - For Tier 1: Where the air-leakage rate is a value other than 3.2 ACH@50 Pa or 2.5 ACH@50 Pa
 - For Tier 2 or higher: Where the air-leakage rate is a value less than 3.2 ACH@50 Pa

Building Address/Land Location	
Municipality	
Owner's Name	

Airtightness Declaration:

Input Parameters:	Reference Value	Proposed Value	Actual
Airtightness (air changes per hour @ 50 Pa)			
Airtightness Design Units (check one)	<input type="checkbox"/> ACH ₅₀	<input type="checkbox"/> NLA ₁₀	<input type="checkbox"/> NLR ₅₀
Zone Method (check one)	<input type="checkbox"/> Guarded	<input type="checkbox"/> Unguarded	
Airtightness Performer Information:			
Name:	Company:		
Phone:	Email:		

I certify that I am knowledgeable, experienced, and trained in the airtightness testing equipment and methodology. Testing has been completed in accordance with CAN/CGSB-149.10-M and meets or exceeds the expected results of the proposed model or design.

Signature: _____ Date: _____