



Blower Door Compliance Form

This form is a required if your ACH is less than 3.00

Permit and Property Information

Permit Number:

Job Address:

Test Date:

Result (ACH):

Mechanical Ventilation System Information

3 ACH or lower: A mechanical ventilation system is required.

Compliance method to satisfy M1507.3. See Tables M1507.3.3(1) and (2) below.

**TABLE M1507.3.3(1)
CONTINUOUS WHOLE-HOUSE MECHANICAL VENTILATION SYSTEM AIRFLOW RATE REQUIREMENTS**

DWELLING UNIT FLOOR AREA (square feet)	NUMBER OF BEDROOMS				
	0 – 1	2 – 3	4 – 5	6 – 7	> 7
	Airflow in CFM				
< 1,500	30	45	60	75	90
1,501 – 3,000	45	60	75	90	105
3,001 – 4,500	60	75	90	105	120
4,501 – 6,000	75	90	105	120	135
6,001 – 7,500	90	105	120	135	150
> 7,500	105	120	135	150	165

For SI: 1 square foot = 0.0929 m², 1 cubic foot per minute = 0.0004719 m³/s.

**TABLE M1507.3.3(2)
INTERMITTENT WHOLE-HOUSE MECHANICAL VENTILATION RATE FACTORS^{a, b}**

RUN-TIME PERCENTAGE IN EACH 4-HOUR SEGMENT	25%	33%	50%	66%	75%	100%
Factor ^a	4	3	2	1.5	1.3	1.0

a. For ventilation system run time values between those given, the factors are permitted to be determined by interpolation.

b. Extrapolation beyond the table is prohibited.

M1507.4 Local exhaust rates.

Local exhaust systems shall be designed to have the capacity to exhaust the minimum air flow rate determined in accordance with Table M1507.4.

Description of abatement used:

Signature:

Date:

Printed Name: