



City of _____
 Residential Energy Testing Compliance Certificate
 Energy Code Requirements of the 2021 IECC (IRC) as amended
 Provide this form at building completion prior to final inspections

Project Address: _____ Permit Number: _____

BUILDING THERMAL ENVELOPE TESTING VERIFICATION

Building Thermal Envelope Leakage Testing (R402.4.1.2):

_____ ACH50 _____ CFM per SF of dwelling unit enclosure*

I certify that I have conducted an **air leakage test and it has passed the requirements of the 2021 International Energy Conservation Code, as amended locally**. I further certify the testing was conducted in accordance with ANSI/RESNET/ICC 380, ASTM E779, or ASTM E1827 and that I am a third party as approved by the building official.

Agency and Certification Number: _____

Signature of Responsible Party: _____

Printed Name and Title of Responsible Party: _____

DUCT LEAKAGE TESTING VERIFICATION

Rough-In Test Option (R403.3.5 1.) **Post Construction Test Option (R403.3.5 2.)**

System #1 - _____ CFM25 System #2 - _____ CFM25 System #3 - _____ CFM25

System #4 - _____ CFM25 System #5 - _____ CFM25 System #6 - _____ CFM25

I certify that I have conducted a **total duct leakage test and it has passed the requirements of the 2021 International Energy Conservation Code, as amended locally**. I further certify that the testing was conducted in accordance with AMSI/RESNET/ICC 380 or ASTM E1554.

Agency and Certification Number: _____

Signature of Responsible Party: _____

Printed Name and Title of Responsible Party: _____

MECHANICAL VENTILATION AIRFLOW TESTING VERIFICATION

Whole house System #1 - _____ CFM Whole house System #2 - _____ CFM

Exhaust System #1 - _____ CFM Exhaust System #2 - _____ CFM Exhaust System #3 - _____ CFM

Exhaust System #4 - _____ CFM Exhaust System #5 - _____ CFM Exhaust System #6 - _____ CFM

I certify that I have conducted **whole-dwelling mechanical ventilation airflow and exhaust ventilation airflow tests and they have passed the requirements of the 2021 International Residential Code or International Mechanical Code as applicable and as amended locally**. I further certify that I am a third party as approved by the building official.

Agency and Certification Number: _____

Signature of Responsible Party: _____

Printed Name and Title of Responsible Party: _____

Prepared June 2022, by the Energy and Green Advisory Board of the Regional Codes Coordinating Committee, a committee of the North Central Texas Council of Governments (NCTCOG). <https://www.nctcog.org/envir/regional-building-codes/amendments>.

* Per R402.4.1.2 and R402.4.1.3: The maximum infiltration rate for Option 1 Prescriptive Path is 5 ACH in Climate Zone 2 or 3 ACH in Climate Zone 3. The maximum infiltration rate for all other compliance paths and climate zones is 5 ACH or 0.28 CFM per SF of dwelling unit enclosure.

COMMISSIONING COMPLIANCE CHECKLIST (adapted from 2015/2018/2021 IECC)

Project Name: _____

Project Address: _____ Permit Number: _____

Commissioning Provider (CxP): _____

Company/CxP address: _____

ITEM	COMMISSIONING DOCUMENTATION	APPROVAL
1.	Project Commissioning Requirements	
	Project commissioning requirements included in project contract documents.	
2.	Commissioning Plan	
	Commissioning Plan with checklists (before start of functional testing) completed. (Section C408.2.1)	
3.	Commissioning Plan Utilized	
	Commissioning Plan was used during construction and includes items required in Section 408.2.1	
4.	Systems Adjusting and Balancing	
	Systems Adjusting and Balancing has been completed	
5.	HVAC Equipment	
	HVAC Equipment Functional Testing has been executed. If applicable, deferred and follow up testing is scheduled to be completed on _____	
6.	HVAC Controls	
	HVAC Controls Functional Testing has been executed. If applicable, deferred and follow up testing is scheduled to be completed on _____	
7.	Economizers	
	Economizer Functional Testing has been executed. If applicable, deferred and follow up testing is scheduled to be completed on _____	
8.	Lighting Controls	
	Lighting Controls Functional Testing has been executed. If applicable, deferred and follow up testing is scheduled to be completed on _____	
9.	Service Water Heating	
	Service Water Heating Functional Testing has been executed. If applicable, deferred and follow up testing is scheduled to be completed on _____	
10.	Systems Manual	
	Project documentation, and Systems and O&M Manual, and training completed or scheduled.	
11.	Commissioning Report	
	Preliminary Commissioning Report submitted to Owner and includes all items required in C408.2.4	

Owner/Owner's Representative Acknowledgement

I hereby certify that the commissioning provider has provided me with evidence of mechanical, service water heating and lighting systems commissioning in accordance with the 2021 IECC.

Name/Company: _____

 Owner Owner's Representative

Signature: _____

Date: _____