

Residential HVAC Right-Size Program Test and Balance Form



A Testing and Balance form is required per installed HVAC system. This form must be signed by a certified third-party HERS rater. This form can be replaced with the third-party HERS rater form, if it contains the same information requirements as this form.

Total actual air flow (cfm) may not vary more than 5% from Manual D recommendation. Testing and Balancing must be based on cooling (cfm) flow only.

Site Information				
Site Address				
Customer Name				
Installing Contractor			Installer Telephone	
Total System Air Discharge				
Design Flow As Indicated In Manual D (CFM)	Measured Flow (CFM)	Percent Difference 1 - (Measured ÷ Design) x 100%		System Air Discharge Within 5%
		1 - _____ / _____	X 100 =	<input type="checkbox"/> PASS
Attic Insulation				
Target Thickness		Actual Thickness		
Type	<i>Loose Fill/ Batts / Blankets / Rigid Board / other</i>		Attic Insulation Measured to at Least R-30 Value	<input type="checkbox"/> PASS
HERS Rater Use Only				
HERS Rater Name - Print				
HERS Rater Signature				
HERS Rater License #				
Date Approved				