

HPBA Pacific
House Pressurization Test Data Sheet

Homeowner: _____ Date: _____

Address: _____

County: _____ Climate Zone (if known): _____

When Constructed / Age of Home (if known): _____

Single Story Two Story Tri-level Other:

Area of home (square feet): _____

Foundation: Slab Crawlspace

Attic: Sealed Ventilated (passive - soffit or gable vents)

Is there Whole House Fan in the home? Yes No

Any insulation added? Yes No How Long Ago: _____

Location(s): _____

Windows:

Single pane Double Pane Insulated Other:

Alum Frame Wood Frame Vinyl Frame Other:

Is there another Open Fireplace in home? Yes No

Location(s): _____

Is there another Fireplace Insert in home? Yes No

Location(s): _____

Is there Recessed Lighting in home? Yes No

Location(s): _____

Is the Laundry / Dryer Vent inside the home? Inside Outside

Associated Dealer: _____

Testing Company: _____

Test Technician: _____

Test Results:

Before Installation:

After Installation:

Notes: