

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

- Tiered prescriptive achieves points through Table 9.36.8.8., or
- Tiered performance has an air-leakage rate of less than 3.2 ACH@50 Pa.

Building Address: _____

Legal Address: Lot: _____ Block: _____ Plan: _____ Subdivision: _____

Permit Application Number: _____

Airtightness Declaration:

Input parameters:	Reference Value	Proposed Value	Actual
Airtightness (air changes per hour @ 50 Pa)			
Airtightness Design Units (choose one)	<input type="checkbox"/> ACH ₅₀	<input type="checkbox"/> NLA ₁₀	<input type="checkbox"/> NLR ₅₀
Zone Method (choose 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: _____

Completed certificates must be submitted to buildingdocs@regina.ca prior to scheduling a full occupancy inspection.