ATTACHMENT B: CFM & PRESSURE TEST LOG

This document is part of the Polar Breeze LLC Comprehensive Service Agreement. All measurements must be taken using calibrated instruments per the Measurement Protocol (Section 5.5).

Complete all fields with actual measured values. Incomplete forms may delay Performance Guarantee activation.

B.1 General Test Information

Project Address: _____

Test Date: _____

Tested By (Name): _____

Company: _____

Certification/License #: _____

Instruments Used (make/model): _____

Calibration Date of Flow Hood: _____

Calibration Date of Manometer: _____

Calibration Date of Thermometers: _____

Outdoor Temperature at Time of Test: _____ °F

Outdoor Humidity at Time of Test: _____ %RH

System Mode During Test (circle): HEATING / COOLING

System Run Time Before Testing: _____ hours (minimum 2 hours required)

Filter Condition: ■ New ■ Clean ■ Needs Replacement

B.2 Supply Register CFM Measurements

Measure CFM at each supply register using a calibrated flow hood. Record three readings; average is official. Measured CFM must be within ±10% of design CFM.

#	Room / Location	Size	Design CFM	Rdg 1	Rdg 2	Rdg 3	Avg CFM	±10%?
1	Master Bedroom							■
2	Bedroom 2							■
3	Bedroom 3							■
4	Bedroom 4							■
5	Bedroom 5							■
6	Living Room							■
7	Family Room							■
8	Kitchen							■
9	Dining Room							■

#	Room / Location	Size	Design CFM	Rdg 1	Rdg 2	Rdg 3	Avg CFM	±10%?
10	Office/Study							■
11	Bathroom 1 (Master)							■
12	Bathroom 2							■
13	Bathroom 3							■
14	Laundry Room							■
15	Hallway 1							■
16	Hallway 2							■
17	Bonus Room							■
18	Basement Rec Room							■
19	Basement Bedroom							■
20	Mudroom/Entry							■
21								■
22								■
23								■
24								■
25								■
TOTAL			**Design:**				**Measured:**	

B.3 Return Grille CFM Measurements

#	Location	Grille Size	Design CFM	Measured CFM	±10%?
1	Central Return 1				■
2	Central Return 2				■
3	Master Bedroom Return				■
4	Hallway Return				■
5	Basement Return				■
6	Return 6				■
7	Return 7				■
8	Return 8				■
TOTAL			**Design:**	**Measured:**	

B.4 Static Pressure Measurements

Measurement Point	Design (in. wg)	Measured (in. wg)	Within Spec?
Supply-side ESP (downstream of coil/filter)			■
Return-side ESP (upstream of filter)			■
Total External Static Pressure (sum)			■

Measurement Point	Design (in. wg)	Measured (in. wg)	Within Spec?
Manufacturer Maximum Rated ESP		N/A	N/A
Filter Pressure Drop			■

B.5 Temperature Measurements

All temperatures measured at center of room, 3 feet above floor, after 2+ hours of continuous operation.

#	Room / Location	Temp (°F)	Thermostat	Delta
1	Thermostat Location			
2	Master Bedroom			
3	Bedroom 2			
4	Bedroom 3			
5	Bedroom 4			
6	Living Room			
7	Family Room			
8	Kitchen			
9	Dining Room			
10	Office/Study			
11	Bathroom 1			
12	Bathroom 2			
13	Laundry Room			
14	Hallway 1			
15	Bonus Room			
16	Basement (if applicable)			
	Max Room-to-Room Delta (same floor):		**Must be ≤ spec**	■ Pass ■ Fail

B.6 Equipment Start-Up Data

Equipment Manufacturer: _____

Model Number: _____

Serial Number: _____

Tonnage/Capacity: _____

Refrigerant Type: _____

Supply Air Temperature: _____ °F

Return Air Temperature: _____ °F

Temperature Rise (Heating): _____ °F (Mfr. Range: _____°F to _____°F)

Temperature Drop (Cooling): _____ °F (Expected: 14°F to 22°F)

Fan Speed Setting: _____

B.7 Duct Leakage Test Results

Per Utah 2024 Building Code, duct leakage testing is required when the furnace/air handler or any portion of the duct system is outside the thermal envelope. Elite Tier requires testing regardless of code.

Test Performed: ■ Yes ■ No ■ Not Required by Code

If Yes:

Test Method: ■ Total Leakage ■ Leakage to Outside

Measured Leakage Rate: _____ CFM25

Conditioned Floor Area: _____ sq ft

Leakage Rate per 100 sq ft: _____ CFM25/100 sq ft

Code Requirement: ≤4 CFM25 per 100 sq ft (typical)

Result: ■ PASS ■ FAIL

B.8 Runtime Performance Test (All Tiers)

System must demonstrate ability to drop 1°F within 20-40 minutes of continuous runtime.

Start Temperature (at thermostat): _____ °F

Start Time: _____

Temperature After 20 Minutes: _____ °F

Temperature After 40 Minutes: _____ °F

1°F Drop Achieved: ■ Yes ■ No

Time to 1°F Drop: _____ minutes

B.9 Test Technician Certification

I certify that all measurements recorded herein were taken using calibrated instruments per the Measurement Protocol and that all values are accurate to the best of my knowledge.

Technician Signature: _____

Printed Name: _____

Certification/License #: _____

Date: _____