



# Contractor Duct Repair & Testing Form

(Only one system per form)

Customer Name: \_\_\_\_\_ Date of repair: \_\_\_\_\_

Address of Repair: \_\_\_\_\_

Contractor/Company Name: \_\_\_\_\_

Air Handler Location: \_\_\_\_\_ # Systems: \_\_\_\_\_

Please complete all requested information

<b>Air Handler Serial #</b> _____	<b>Unit size:</b> _____ <b>ton</b>
Return air plenum/platform and cabinet sealed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ceiling/wall supply registers sealed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ceiling/wall return registers sealed	<input type="checkbox"/> Yes <input type="checkbox"/> No
# of flex connections sealed	
# of ceiling/floor boxes sealed	
# of junctions repairs (where a branch connects to main trunk)	
<b>Furnace</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Combustion air and intake air free of debris	<input type="checkbox"/> Yes <input type="checkbox"/> No
Flue pipe properly installed and sealed	<input type="checkbox"/> Yes <input type="checkbox"/> No
AHU closet door gasket/seal complete	<input type="checkbox"/> Yes <input type="checkbox"/> No
Return air sealed from intake & combustion air	<input type="checkbox"/> Yes <input type="checkbox"/> No
CAZ Worst case scenario combustion test performed	<input type="checkbox"/> Yes <input type="checkbox"/> No
The duct system has been thoroughly checked and sealed <small>(A yes response to this question is a prerequisite to obtaining a GRU Duct Repair Rebate)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Duct Leakage: _____ CFM / _____ %	ATTACH COPY OF DUCT TEST RESULTS

Cost of Repair: \_\_\_\_\_

Cost of Testing: \_\_\_\_\_

GRU reserves the right to perform pre and post evaluations

**FOR GRU USE ONLY**

SYSTEM CFM \_\_\_\_\_

15% cfm \_\_\_\_ Pass \_\_\_\_ Fail

\_\_\_\_\_  
Name of Air Distribution Specialist

\_\_\_\_\_  
Date