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**Building &
Permitting
Services**

A2L REFRIGERANT PRESSURE TEST AFFIDAVIT

PERMIT NUMBER: _____ ☐ Residential ☐ Commercial

- Project Address: _____
- Contractor Name: _____ License #: _____

TESTING REQUIREMENTS & RESULTS: ☐ PASS ☐ FAIL

- Test Medium: Dry Nitrogen (per FMC & ASHRAE 15)
- Test Pressure Applied (PSIG): _____ Ambient Temperature at Test: _____
 - (Must be $\geq 1.5 \times$ design pressure, not to exceed component ratings)
- Start Date/Time: _____ End Date/Time: _____ (min. 60 min)

ADDITIONAL SAFETY COMPLIANCE (A2L SYSTEMS)

The undersigned affirms the following have been complied with as part of this pressure test and installation:

- ☐ System flushed on copper lines per manufacturer's instruction.
- ☐ A2L refrigerant lines and components are labeled per ANSI/ASHRAE 15 and Florida Mechanical Code.
- ☐ System pressure testing was performed with no ignition sources nearby, and in compliance with manufacturer specifications and safety protocols.
- ☐ Leak detection procedures have been implemented in accordance with ASHRAE 15.
- ☐ Refrigerant sensors (if required by code or manufacturer) are installed and operational.
- ☐ No pressure drop was observed during the test period.

CONTRACTOR AFFIDAVIT

I, the undersigned, certify that a refrigerant pressure test was conducted in compliance with the Florida Building Code, the Florida Mechanical Code, and applicable standards for A2L refrigerants, including ASHRAE 15 and 34. I affirm that the test was successfully completed, all joints were visually inspected, and the system was found to be free of leaks.

I understand this affidavit is required as a condition for final inspection and approval.

Contractor's Signature: _____

Printed Name: _____

Date: _____

License Number: _____

NOTARY PUBLIC

State of Florida, County of _____

Sworn and subscribed before me this _____ day of _____, 20_____

By: _____ (Contractor's Name)

☐ Personally Known OR ☐ Produced ID: _____

Signature of Notary Public: _____

Seal: