Department of
CITY PLANNING

Office of Buildings
55 Trinity Avenue, Suite 3900
Atlanta, Georgia 30303
Tel: 404.330.6150

ASHRAE Standard 15-2024 Addendum A Exempted Spaces and Shaft Alternatives
The 2024 IMC references the 2022 Editions of ASHRAE 15 and 34

A2L REFRIGERANT PRESSURE TEST AFFIDAVIT

PERMIT NUMBER: SYNTHETIC-0042

- Project Address: 100 Fictional Control Point, Atlanta, GA 30303
- Contractor Name: Fictional Mechanical LLC License #: SYN-LICENSE-0042

TESTING REQUIREMENTS & RESULTS: ☐ **PASS** ☐ **FAIL**

- Test Medium: Dry Nitrogen (per FMC & ASHRAE 15)
- Test Pressure Applied (PSIG): 450 Ambient Temperature at Test: 76
  - (Must be ≥ 1.5 × design pressure, not to exceed component ratings)
- Start Date/Time: 09/09/2026, 10:00 End Date/Time: 09/09/2026, 11:00 (min. 60 min)

ADDITIONAL SAFETY COMPLIANCE (A2L SYSTEMS) **Refrigerant Type (Circle One): (R-32) | R-454B**

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 Georgia 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 Georgia Building Code, the Georgia 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: Taylor Fixture
Date: _____
License Number: SYN-LICENSE-0042

NOTARY PUBLIC
State of Georgia, 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:

DRAFT - SIGNATURE AND NOTARIZATION REQUIRED

01 System 1

REFRIGERANT	R-32
INSTALLATION MANUAL	Source not verified
APPLIED PRESSURE	450 PSIG
TEST MEDIUM	Dry nitrogen
REPORTED DURATION	60 minutes
TEST WINDOW	09/09/2026, 10:00 to 09/09/2026, 11:00
CONTRACTOR REPORT	Contractor reported PASS - packet prerequisites remain incomplete
INDOOR EQUIPMENT	Fictional HVAC | SYN-INDOOR-1 | SER-INDOOR-1
OUTDOOR EQUIPMENT	Fictional HVAC | SYN-OUTDOOR-1 | SER-OUTDOOR-1