

Home Performance with ENERGY STAR®

Post Installation Tests and Inspections (Test-out)

CUSTOMER INFORMATION

| | | | |
|---|--|---|----------------------------|
| Name: (account holder on record) | | Electric provider: <input type="checkbox"/> Atlantic City Electric <input type="checkbox"/> PSE&G <input type="checkbox"/> Other: _____ | |
| | | Account #: | |
| Installation address: | | City: | State: NJ Zip code: |
| Email address: <small>(Your email address will be used only for transactional communications regarding energy efficiency programs)</small> | | Home phone: | Work phone: |
| Date installed: | Participating Contractor completing job: | | Contractor phone number: |

Combustion Equipment Testing / Combustion Appliance Zone Testing:

If no combustion safety testing is done, explain exactly why. Incomplete information or failure to address action items will delay or disqualify your rebate.

| | CO Ambient | Base Pressure | Worst Case Pressure | Net CAZ Depress. | Limit for CAZ | Result | | |
|---|---|---------------|---------------------|---|---------------|---|---|--|
| CAZ 1: | | | | | | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Action Required: | |
| CAZ 2: | | | | | | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | <input type="checkbox"/> Action Required: | |
| | Worst Case Test Results | | | Natural Condition Test Results | | | | |
| | Spillage | Draft | CO | Spillage | Draft | CO | Flue Inspection | |
| Heating System 1: | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | pa | ppm | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | pa | ppm | <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Action Required: | |
| Heating System 2: | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | pa | ppm | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | pa | ppm | <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Action Required: | |
| DHW System 1: | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | pa | ppm | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | pa | ppm | <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Action Required: | |
| Combined: | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | pa | ppm | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | pa | ppm | <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Action Required: | |
| Other: _____ | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | pa | ppm | <input type="checkbox"/> Pass <input type="checkbox"/> Fail | pa | ppm | <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Action Required: | |
| Gas Leak Testing: <input type="checkbox"/> No Leaks <input type="checkbox"/> Leaks Detected as Noted: _____ Dryer Vent: <input type="checkbox"/> Electric <input type="checkbox"/> Gas/Properly Vented <input type="checkbox"/> Gas/Improperly Vented <input type="checkbox"/> Action Required: | | | | | | | | |
| Ambient CO: | Kitchen | Main Living | Other - ppm | <input type="checkbox"/> Action Required: | Oven CO: | Fuel | CO ppm | Vent Out? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Action Required: |

HVAC Equipment Replacement Verify installation of all equipment included for rebate

| | Date Installed | SEER | HSPF | EER | Manufacturer | Model | Serial # | AFUE | Coil Model | Coil Serial # | AHRI Certificate | Ducts Changed? |
|--|----------------|------|------|-----|--------------|-------|----------|------|------------|---------------|------------------|----------------|
| <input type="checkbox"/> Heat Pump | | | | | | | | | | | | |
| <input type="checkbox"/> Gas Furnace | | | | | | | | | | | | |
| <input type="checkbox"/> Gas Boiler | | | | | | | | | | | | |
| <input type="checkbox"/> Water Heater | | | | | | | | | | | | |
| Equipment Replaced: Estimated Original Year(s) _____ Replace Reason: <input type="checkbox"/> Early Retirement < 18 yr <input type="checkbox"/> Time of Sale (inoperative) | | | | | | | | | | | | |

Blower Door Test and Ventilation Compliance

| | |
|--|-----------------------------|
| Test In Bldg Leakage (CFM50): _____ Test Out Bldg Leakage (CFM50): _____ ASHRAE 62.2 Ventilation: _____ Ventilation Solution: _____ | Notes - Shell Measurements: |
| I attest that all of the information entered above is correct to the best of my knowledge. I agree to complete any items noted above for follow-up corrective action, and will submit an additional Post-Installation Tests and Inspections form that verifies the successful completion of those items and records required follow-up tests or inspections. | |
| Signature: _____ Auditor name: _____ Test out company: _____ Date of test out: _____ | |

If you have any questions, please call **1.833.493.0691** or visit **SJGSaveEnergy.com**.