

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 #:	
		South Jersey Gas Account #:	
		REQUIRED On-Bill Repayment Program (OBRP) Loan # : _____ <input type="checkbox"/> Please check this box if no loan is associated with this rebate.	
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			Flue Inspection	
		Spillage	Draft	CO	Spillage	Draft	CO		
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): _____	Notes - Shell Measurements:
Test Out Bldg Leakage (CFM50): _____	
ASHRAE 62.2 Ventilation: _____	
Ventilation Solution: _____	

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: _____