

Multi-Family 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 #: | |
| Address: (where the audit was conducted) | | <input type="checkbox"/> Master Meter <input type="checkbox"/> Individual Meter South Jersey Gas Account #: | |
| City: | | State: NJ | Zip code: |
| Email address: <small>(Your email address will be used only for transactional communications regarding energy efficiency programs)</small> | | Preferred phone: | Report Preference: <input type="checkbox"/> Email <input type="checkbox"/> Printed <input type="checkbox"/> Decline report |
| Site name: | # of units: | Site contact (if different from account holder) <input type="checkbox"/> Owner <input type="checkbox"/> Mgmt. Co. <input type="checkbox"/> On-Site Mgr. <input type="checkbox"/> Other: _____ Name: _____ Phone: _____ Email: _____ | |
| How did you hear about this program: <input type="checkbox"/> SJGSaveEnergy.com <input type="checkbox"/> Bill Insert <input type="checkbox"/> Contractor <input type="checkbox"/> Direct Mail <input type="checkbox"/> Email <input type="checkbox"/> Event <input type="checkbox"/> Store <input type="checkbox"/> Family/Neighbor/Friend <input type="checkbox"/> Online <input type="checkbox"/> SJG Employee <input type="checkbox"/> Social Media <input type="checkbox"/> Other: _____ | | | |

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: No Leaks Leaks Detected as Noted: _____ Dryer Vent: Electric Gas/Properly Vented Gas/Improperly Vented Action Required:

| | | | | | | | | | |
|-------------|---------|-------------|-------------|---|----------|------|--------|--|---|
| Ambient CO: | Kitchen | Main Living | Other - ppm | <input type="checkbox"/> Action Required: | Oven CO: | Fuel | CO ppm | Vent Out? | <input type="checkbox"/> Action Required: |
| | | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

HVAC Equipment Replacement

Verify installation of all equipment included for rebate

| | Date Installed | SEER | HSPF | EER | Manufacturer | Condenser Model | Condenser Serial # | 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: Early Retirement < 18 yr 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: _____ | |

WORK AUTHORIZATION

Honeywell is the authorized program administrator for the SJG Multi-Family Direct Install Program. Based on program guidelines, installers may (or may not) install energy-saving improvements such as showerheads, faucet aerators, LEDs, pipe insulation and smart strips.

I, (please print) _____ Owner or Manager of the property listed above, agree to permit Honeywell or Honeywell's authorized subcontractor, to perform an energy conservation survey and install and inspect the conservation measures at NO COST to the participant, owner, or manager. By signing below, I agree to waive liability and give consent to replace the non-energy efficient devices FREE of charge. I release old devices to the installer(s). I authorize the Program installer(s) to enter individual apartment units, common areas, basements, etc. as needed.

Rebate programs recommended: Home Performance with ENERGY STAR® HVAC Program Appliances Program

| | | |
|---------------------------|-------------------|----------------------------------|
| Customer signature: _____ | Print name: _____ | Date: _____ |
| Auditor signature: _____ | Print name: _____ | Company name: _____ |
| | | Date of MF Direct Install: _____ |

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