

**CUSTOMER-MEMBER INFORMATION & SITE ADDRESS**

Name:			Phone Number (H):		
Address:			Phone Number (W):		
City:	State: <b>DELAWARE</b>	ZIP:	Email:		
Inspection Date:	Outside Temperature (°F):	Home Performance Analyst:			

**COMBUSTION EQUIPMENT TESTING/COMBUSTION APPLIANCE ZONE TESTING**

	CO Ambient	Base Pressure	Worst Case Pressure	NET CAZ Depression	Limit for CAZ	Result	
CAZ 1:						<input type="checkbox"/> Pass	<input type="checkbox"/> Recommended Action:
CAZ 2:						<input type="checkbox"/> Pass	<input type="checkbox"/> Recommended Action:

**CAZ Depressurization Limits** Natural draft individual DHW: -2 Natural draft heater common with natural draft DHW: -3 Induced draft heater common with natural draft DHW: -5  
Induced draft individual heater: -15 Power vented DHW: -15

	Worst Case Pressure			Flue Inspection	Fuel Type	Comments:
	Spillage	Draft	CO			
Heating System 1:	<input type="checkbox"/> Pass	pa	ppm	<input type="checkbox"/> Pass		
Heating System 2:	<input type="checkbox"/> Pass	pa	ppm	<input type="checkbox"/> Pass		
DHW System 1:	<input type="checkbox"/> Pass	pa	ppm	<input type="checkbox"/> Pass		
DHW System 2:	<input type="checkbox"/> Pass	pa	ppm	<input type="checkbox"/> Pass		
Combined:	<input type="checkbox"/> Pass	pa	ppm	<input type="checkbox"/> Pass		
Other:	<input type="checkbox"/> Pass	pa	ppm	<input type="checkbox"/> Pass		

Gas Leak Testing:  Leak(s) Detected and Corrected as Noted: \_\_\_\_\_ Orphaned DHW System?  Yes  No

	Kitchen	Main Living Room	Other - ppm	Fuel	CO ppm	Vents Out?
Ambient CO:	<input type="checkbox"/> Pass	<input type="checkbox"/> Pass		<input type="checkbox"/> Gas <input type="checkbox"/> Electric	<input type="checkbox"/> Pass	<input type="checkbox"/> Yes <input type="checkbox"/> No

**HEALTH AND SAFETY REQUIREMENTS**

No Unvented Fossil Fuel Appliances	Comments:	No Roof Leaks	Comments:
No Asbestos Like Materials	Comments:	No Plumbing Leaks	Comments:
No Visible Signs of Active Mold	Comments:	No Exhaust Fans Vent into Attic	Comments:
No Standing Water/ Bulk Moisture	Comments:	Dryer Properly Vented to Outside	Comments:
Operational Carbon Monoxide Alarm	Comments:		

MUST BE ADDRESSED IF ENVELOPE MEASURES WERE INSTALLED

**BLOWER DOOR TEST AND VENTILATION COMPLIANCE**

**Blower Door Test Results:** Test-In Bldg. Leakage: \_\_\_\_\_ CFM 50 Test-Out Bldg. Leakage: \_\_\_\_\_ CFM 50

**BPI Building Air Tightness Standard per ASHRAE 62 - 1989**

Building Airflow Standard: \_\_\_\_\_ CFM50 x 0.70 = \_\_\_\_\_ CFM 50 for 70% Building Airflow Standard  Requires Ventilation  
If CFM50 from blower door Test-Out is below 70% BAS, mechanical ventilation is required. See action below to determine minimum ventilation requirements.

**Whole Building Ventilation per ASHRAE 62.2 - 2013**

Requires Ventilation:  Yes  No Required Ventilation Rate: \_\_\_\_\_ (CFM) Total Measured Mechanical Ventilation (As Installed): \_\_\_\_\_ (CFM)  
See REDcalc 62.2 - 13 online for free tools to determine Required Ventilation Rate.

**DISTRIBUTION SYSTEM AIR FLOW AND LEAKAGE TEST (REQUIRED IF DUCTS WERE SEALED AS PART OF PROJECT)**

System 1			
Total Duct Leakage Test Result: Test-in: _____ CFM 25 Test-out: _____ CFM 25	Duct Leakage to Outside (LTO) Test Result: Test-in: _____ CFM 25 Test-out: _____ CFM 25	Total External Static Pressure (TESP): Test-in: _____ inch WC Test-out: _____ inch WC	Manufacturer's TESP Limit: _____ inch WC
System 2			
Total Duct Leakage Test Result: Test-in: _____ CFM 25 Test-out: _____ CFM 25	Duct Leakage to Outside (LTO) Test Result: Test-in: _____ CFM 25 Test-out: _____ CFM 25	Total External Static Pressure (TESP): Test-in: _____ inch WC Test-out: _____ inch WC	Manufacturer's TESP Limit: _____ inch WC

**VERIFICATION OF ENERGY-SAVING MEASURES INSTALLED**

Air Sealing	Insulation	Equipment	HVAC Distribution	Notes:
<input type="checkbox"/> Attic <input type="checkbox"/> Foundation/Crawl <input type="checkbox"/> Ext. Walls	<input type="checkbox"/> Attic <input type="checkbox"/> Foundation/Crawl <input type="checkbox"/> Ext. Walls	<input type="checkbox"/> Cooling <input type="checkbox"/> Heating <input type="checkbox"/> DHW	<input type="checkbox"/> Insulation <input type="checkbox"/> Sealing	

**CERTIFICATIONS AND SIGNATURES**

**Contractor Statement and Signature**  
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.

Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Customer-Member Statement**  
I attest that I am the owner of the property specified above and that all materials and equipment included in my home improvement contract with the above contractor have been furnished and installed by the contractor, and that the work has been completed pursuant to the contract. I agree that all information is true and that I have conformed to all program energy-efficient improvements and equipment requirements listed.

Customer-Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SEU will review and process your rebate application upon receipt of this completed test-out form. You can choose to have your rebate paid to your contractor or directly to you. Please check the box (Customer, Contractor) where you would like your rebate sent.  Customer  Contractor

**Rebate Check Should be Payable to the Following Name/Entity if different from Customer/Contractor Name:**

Mailing Address if Different from Site Address: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_