

# Home Performance with ENERGY STAR®

## Post Installation Tests and Inspections (Test-out) • January 2021

### CUSTOMER INFORMATION

Name: (account holder on record)		Account no.:									
Installation address:		City:		State:		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"/> 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 No	Coil Model	Coil Serial No	AHRI Certificate	Ducts Changed?
<input type="checkbox"/> Heat Pump											
<input type="checkbox"/> Central AC											
<input type="checkbox"/> MiniSplit											
<input type="checkbox"/> Geothermal											
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: _____	Duct Leakage Testing (if home has ductwork) Pressure Pan Readings Test in: _____ Test out: _____ <i>For aerosol duct sealing must provide before and after leakage from duct to outside home.</i> Duct Blaster/Blower Door Test in: _____ Test out: _____ Duct Static Pressure: _____
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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 888-267-4685 or  
visit [energysaveMD-home.com](http://energysaveMD-home.com).

