

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"/> JCP&L (FirstEnergy) <input type="checkbox"/> PSE&G <input type="checkbox"/> Rockland Electric Company <input type="checkbox"/> Other: _____ Account #:	
Address: (where the audit was conducted)		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"/> ETGSaveEnergy.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"/> ETG 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 ETG 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 power 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 **1.833.493.0692** or visit **ETGSaveEnergy.com**.