

Sponsor or Contractor Logo Here	<b style="color: green;">Home Performance with ENERGY STAR Post-Installation Tests and Inspections [Enter Company Name]	OMB Control No. xxxx-xxxx	 HOME PERFORMANCE WITH ENERGY STAR
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Customer Name: _____ Customer Phone Number (h): _____
 Customer Address: _____ Customer Phone Number (w): _____
 City, State, Zip: _____ Customer Email: _____
 Inspection Date: _____ Home Performance Analyst: _____

Blower Door Test and Ventilation Compliance

Method Used to Determine Building Leakage Standard (check one): <input type="checkbox"/> Whole Building Mechanical Ventilation per ASHRAE 62.2 - 2007 <input type="checkbox"/> Ventilation Credit for Air Leakage (indicate software used): <input type="checkbox"/> TECTITE <input type="checkbox"/> ZipTest Pro2 <input type="checkbox"/> Ventilation Exemption for Existing Homes per ASHRAE 62.2 - 2007 <input type="checkbox"/> BPI Legacy Building Air Tightness Std per ASHRAE 62.2 - 1989 <input type="checkbox"/> Other: _____	Bldg Leakage (Test-In): _____ CFM50 / ACH (circle one) Leakage (Test-Out): _____ CFM50 / ACH (circle one) _____ CFM50 / ACH / Mech. Ventilation CFM (circle one) <input type="checkbox"/> Pass <input type="checkbox"/> Pass w/ Ventilation Recommended <input type="checkbox"/> Fail - Action Required: _____
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Combustion Equipment Testing / Combustion Appliance Zone Testing

	Worst Case Test Results			Natural Condition Test Results			Flue Inspection	
	Spillage	Draft	CO	Spillage	Draft	CO		
Heating System 1:	Pass Fail	pa	ppm	Pass Fail	pa	ppm	Pass Fail	<input type="checkbox"/> Action Required:
Heating System 2:	Pass Fail	pa	ppm	Pass Fail	pa	ppm	Pass Fail	<input type="checkbox"/> Action Required:
DHW System 1:	Pass Fail	pa	ppm	Pass Fail	pa	ppm	Pass Fail	<input type="checkbox"/> Action Required:
Other:	Pass Fail	pa	ppm	Pass Fail	pa	ppm	Pass Fail	<input type="checkbox"/> Action Required:

	CO Ambient	Base Pressure	Worst Case Pressure	Net CAZ Depress.	Limit for CAZ	Result
CAZ 1:						Pass Fail <input type="checkbox"/> Action Required:
CAZ 2:						Pass Fail <input type="checkbox"/> Action Required:

Gas Leak Testing: No Leaks Detected Leaks Detected as Noted: _____

Ambient CO: Kitchen _____ Main Living _____ Other - ppm _____ Action Required:

Oven CO: Fuel _____ CO ppm _____ Vent Out? Yes No Action Required:

Dryer Vent: Electric Gas Properly Vented Gas Improperly Vented. Action Required: _____

Distribution System Air Flow (required if ducts were sealed as part of project) and Leakage Test

Airflow Test Result: _____ Pass Fail Duct Leakage Test: Duct Blaster BD Subtract Delta Q Press Pan

If fail, action to be taken: _____ Duct Test Result (enter here or attach separate form): _____

Pressure Pan Average (Test-In): _____ Pressure Pan Average (Test-Out): _____

Verification of Measures Installed: <input type="checkbox"/> Basement Air Sealing <input type="checkbox"/> Attic Air Sealing <input type="checkbox"/> Basebrd / Molding Air Sealing <input type="checkbox"/> Windows / Doors Air Sealing <input type="checkbox"/> Ext. Wall to Garage Air Sealing <input type="checkbox"/> Attic Flat Insulation <input type="checkbox"/> Attic Slope Insulation <input type="checkbox"/> Attic Kneewall Insulation <input type="checkbox"/> Exterior Wall Insulation	<input type="checkbox"/> Attic Stairs Insulation <input type="checkbox"/> Attic Tent <input type="checkbox"/> Window Replacement / Repair Qty: _____ <input type="checkbox"/> Window Film / Solar Screen Qty: _____ <input type="checkbox"/> Door Replace / Repair Qty: _____ <input type="checkbox"/> Heating System Replace / Repair <input type="checkbox"/> Central Air Conditioner Replace / Repair <input type="checkbox"/> Htg / DHW Flue Replace / Repair <input type="checkbox"/> Air Handler Replace / Repair <input type="checkbox"/> Duct Sealing / Insulation / Replacement	<input type="checkbox"/> DHW System Replace / Repair <input type="checkbox"/> DHW Blanket / Pipe Insulation <input type="checkbox"/> Exhaust Fans - Qty _____ / HRV <input type="checkbox"/> Exhaust Vents Reroute / Insulate <input type="checkbox"/> Attic Vents Qty: _____ <input type="checkbox"/> Appliance: _____ <input type="checkbox"/> Appliance: _____ <input type="checkbox"/> Appliance: _____ <input type="checkbox"/> Lighting:CFL's / Fixt. Qty: _____ <input type="checkbox"/> Renewable Energy Syst: _____
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Health & Safety: _____
 Other: _____
 Other: _____
 Notes/Items Requiring Follow-Up: _____

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 Statement

I attest that I am the owner of the property specified above, and that all materials and equipment included 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.

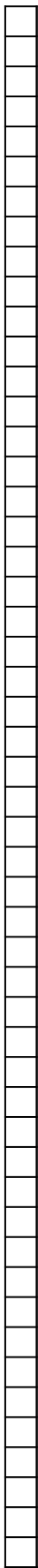
Customer Signature: _____ Date: _____

EPA Form 5900-187

The government estimates the average time needed to fill out this form is 1.00 hours and welcomes suggestions for reducing this effort.

Send comments (referencing OMB Control Number) to the Director, Collection Strategies Division, U.S. EPA (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460.

Building Footprint -Draw house with correct measurements of exterior walls, orientation, attached spaces (e.g. garage). Draw a separate footprint for each floor if they differ and identify quantity of windows per side.



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