



ENERGY STAR Qualified Homes

HVAC Quality Installation Verifier Checklist

For EPA-Approved Verifiers Only: The HVAC Quality Installation Contractor Checklist must be completed by the HVAC contractor. Please review the checklist using the form below to help ensure that the equipment was installed to design specifications.

Home Address: _____ City: _____ State: _____			
Inspection Guidelines	Must Correct	Verifier Approved	N/A
1. Review of HVAC Quality Installation Contractor Checklist			
1.1. Checklist completed in its entirety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2 Compliance with Manual J, S, D, and T or equivalents indicated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3 Required outdoor/indoor temperature and infiltration rate assumptions used to complete Manual J calculations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4 ARI Certificate attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.5 Reported equipment capacity field values within 5% of design values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.6 Reported air flow field values within 5% of design values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.7 Reported duct static pressure field values within 5% of design values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.8 Reported design fan motor type the same as the field fan motor type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.9 Reported fan speed field values within 5% of design values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.10 Reported refrigerant charge and metering device field types the same as design types	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.11 For Non-Lennox TXV devices, reported sub-cooling temperature deviation within +/- 3 degrees F of goal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.12 For Lennox TXV devices, reported approach temperature deviation +/- 1 degrees F of goal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.13 For Fixed Orifice devices, reported superheat temperature deviation +/- 5 degrees F of goal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Duct Quality Installation			
2.1 Connections and routing of ductwork completed without kinks or bends > 90° ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2 No excess coiled or looped flexible ductwork ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3 No compression of flexible ductwork ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4 Flexible ducts supported at intervals as recommended by manufacturer but at a distance not > 5 ft. and with maximum sag of 0.5 in. per ft. of spacing between supports ¹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5 All connections to trunk ducts in unconditioned space insulated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.6 Building cavities not used as return ducts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.7 Bedrooms pressure-balanced such that 1 sq. in. of opening is provided per 1 CFM of supply air. Dedicated return ducts, transfer grills, and/or jump ducts may be used to meet this requirement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verifier Name: _____ Inspection of Checklist Date: _____			
Verifier Signature: _____ Verifier Company Name: _____			



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1. Scope of work applies to all HVAC and ventilation ductwork.