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|  | ***energy right*® Program****Heat Pump Plan Work Completion Form** | OMB No. 3316-0019Expires: MM/DD/YYYY |

|  |  |  |  |
| --- | --- | --- | --- |
| **1.** | **Power Distributor:** |       |  |
| **2.** | **Work ID Number:** |       | (Work ID Number is assigned by *energy right* Information System) |
| **3.** | **Unit Installed Date:** |       | *(mm/dd/yyyy)* |
| **4.** | **Number of Dwellings:** |  |  |
| **5.** | **Legal 911 Address of Dwelling or Business:** |
|  |       |  |       |
|  | *Street Address* |  | *City, State, Zip Code* |
| **6.** | **Structure Type:** [ ]  Single Family [ ]  Multi-Family [ ]  Business |
| **7.** | **Type System Replaced:** [ ]  Electric Resistance [ ]  Fossil-Fuel [ ]  Heat Pump [ ]  New Load |
|  | [ ]  Other |       |  |
| **8.** | **Type of Heat Pump Installed:** [ ]  Advanced Refrigerants [ ]  Direct Exchange HP [ ]  Dual Fuel HP [ ]  Earth Coupled HP[ ]  Free Delivery HP [ ]  Ground Water Source HP [ ]  Packaged Terminal HP [ ]  Self Contained HP |
|  | [ ]  Standard Air Source HP [ ]  Triple Function HP [ ]  Variable or Multi Speed [ ]  Window HP |
|  | [ ]  Other |       |  |
| **9.** | **Number of Dwellings or Businesses with:** |
|  | Split System Heat Pump, < 13 SEER: |       |  | Package System Heat Pump, < 13 SEER: |       |
|  | Split System Heat Pump, 13 to 13.99 SEER: |       |  | Package System Heat Pump, 13 to 13.99 SEER: |       |
|  | Split System Heat Pump, ≥ 14 SEER: |       |  | Package System Heat Pump, ≥ 14 SEER: |       |
|  | Split System Heat Pump, Advanced Units: |       |  | Package System Heat Pump, Advanced Units: |       |
|  |
|  | **Note:** Where a Dwelling or Business has more than one (heat pump) unit assigned to the load of a Dwelling or Business, the SEER rating  is determined as either the efficiency of the primary system or a weighted-average efficiency of the units installed in the Dwelling or Business. |
|  |
| **10.** | **Total Cooling Capacity Installed:** |       | (tons) |
| **11.** | **Number of Dwellings or Businesses *Inspected*:** |       |  |
| **12.** | **QCN Contractor:** |       |  |
| **13.** | **Inspector Name:** |       |  |
|  |

**For Distributor Records** *(Complete the following where required by distributor)***:**

|  |  |  |  |
| --- | --- | --- | --- |
| **1.** | **Customer Name:** |       |  |
| **2.** | **Account (or Meter) Number:** |       |  |
| **3.** | **Total Heating Capacity Installed:** |       | kbtu |
| **4.** | **Heat Pump Brand 1:** |       | **Heat Pump Brand 2:** |       |
| **5.** | **Average Heating Efficiency:** |       | HSPF | or |       | COP |
| **6.** | **Quality Validation Contractor:** | [ ]  Yes | [ ]  No |
| **7.** | **Water Heater Type:** |       |  |
| **8.** | **Security Filing Date:** |       | *(mm/dd/yyyy)* |
| **9.** | **Other Measures:** |       |
| **10.** | **Date Passed TVA Standards:** |       | *(mm/dd/yyyy)* |
| **11.** | **Date Passed Local Standards:** |       | *(mm/dd/yyyy)* |
| **12.** | **Incentive Paid:** | $ |       | **Retained MVP:** | $ |       |  |
| **13.** | **Natural Gas Available?** | [ ]  Yes | [ ]  No |  |
| **14.** | **Contractor Paid?** | [ ]  Yes | [ ]  No |  |
| **15.** | **Comments:** |       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  | *Customer’s Signature* |  | *Inspector’s Signature* |  | *Date Completed* |

*Signatures may be collected on Contractor - Homeowner Affidavit*