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