

Heat Pump Plan Work Completion Form

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
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 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