

**0****Resolved?**Verification Effort? Administrator: ES Program: 

Date Testing Began:	<input type="text"/>
Test Report Date:	<input type="text"/>
Manufacturer of Tested Product:	<input type="text"/>
Brand Name of Tested Product:	<input type="text" value="0"/>
Model Number of Tested Product:	<input type="text" value="0"/>

EPA Case Number:	<input type="text" value="#REF!"/>
OEM of Tested Product:	<input type="text" value="0"/>
OEM Model Number:	<input type="text"/>
# of Affected Labelers:	<input type="text"/>

**Contact Information**

Responsible Party (ES Partner):	<input type="text" value="0"/>	OEM Contact:	<input type="text" value="0"/>	Contractor POC:	<input type="text" value="Stephen Bickel"/>
Title:	<input type="text" value="0"/>	Title:	<input type="text" value="0"/>	Company:	<input type="text" value="D&amp;R"/>
E-mail:	<input type="text" value="0"/>	E-mail:	<input type="text" value="0"/>	E-mail:	<input type="text" value="sbickel@drintl.com"/>
Phone:	<input type="text" value="0"/>	Phone:	<input type="text" value="0"/>	Phone:	<input type="text" value="301-628-2040"/>

**Status Determination**

Tests Failed:	<input type="text"/>	Date Removed from QPL:	<input type="text"/>
Deviation from Test Requirement:	<input type="text"/>	Disqualification Letter Sent:	<input type="text"/>
Basis:	<input type="text"/>	Product Status Determination:	<input type="text"/>

**Product Control Measures (PCM) Details**

PCM required?	<input type="text"/>	PCM Issues: <i>See Manufacturer Response Form worksheet.</i>		
PCM Due Date:	<input type="text"/>	Date Last Manufactured:	<input type="text" value="12/30/1899"/>	
PCM Received:	<input type="text"/>			
PCM Implementation Confirmation Date:	<input type="text"/>	Last Shipment:	<input type="text" value="12/30/1899"/>	Quantity: <input type="text" value="0"/>
				Destination: <input type="text" value="#REF!"/>

**Additional Notes****Manufacturer Challenge Description**

Manufacturer Dispute?	Manufacturer's Explanation:	<input type="text" value="#REF!"/>
<input type="text" value="#REF!"/>		

**Basis of Dispute:**  
(describe at right)

**Additional Info** (entered by  
EPA/Contractor):

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# ENERGY STAR® Failure Report

## Instructions

Certification bodies shall report verification testing failures within 2 business days of observation of the failure to [Enforcement@energystar.gov](mailto:Enforcement@energystar.gov) using the subject line "FAILURE" followed by the ENERGY STAR manufacturing partner name(s) and model number(s). CBs must complete and submit this document along with the laboratory test report and any supporting documentation. *Example subject line: "FAILURE ENERGY STAR Manufacturing Partner Name X Model #####."*

## Section I: Product and Shipping Information

<b>Name of Certification Body:</b>		<b>Date Model Available on Market:</b>	
<b>Product Specification:</b>		<b>Type of Product Failure:</b>	
<b>ENERGY STAR Manufacturing Partner:</b>		<b>Date Certification Body Determined Failure:</b>	
<b>Original Equipment Manufacturer (OEM):</b> (if Partner listed is not OEM)		<b>Date(s) of Initial Testing:</b>	
		<b>Year Model Was Selected for Verification Testing:</b>	
<b>OEM Model Number:</b> (if Partner listed is not OEM)		<b>Name of Lab that performed Certification Testing:</b>	
<b>Is OEM Model qualified?</b> (under OEM's brand/org name)		<b>Lab EPA-issued Org ID:</b>	
<b>Brand Name:</b>		<b>Verification Testing-Date(s) for single unit testing or spot-check test:</b>	
<b>Certified Model Name:</b>		<b>Verification Testing-Date(s) for remaining samples where multiple test sample (approach two) is used:</b>	
<b>Certified Model Number:</b>		<b>Name of Lab that performed Verification Testing:</b>	
<b>ENERGY STAR Model Identifier:</b>		<b>Lab EPA-issued Org ID:</b>	
<b>Product Type:</b>		<b>Where unit was obtained:</b>	
<b>Tested Model Name:</b>		<b>If product was obtained off-the-line or other; provide reason</b>	
<b>Tested Model Number:</b>		<b>Tested Model Date(s) of Manufacturer:</b> (if available)	
<b>Tested Serial Number(s):</b>		<b>Date(s) Unit was Obtained:</b>	

### Section II: Contact Information

<b>Point of Contact at the Certification Body:</b>		<b>Partner Contact:</b>	
<b>Job Title:</b>		<b>Job Title:</b>	
<b>Email:</b>		<b>Email:</b>	
<b>Phone Number:</b>		<b>Phone Number:</b>	
<b>Additional Contacts? <i>Name (e-mail)</i></b>			

### Section III: Verification Testing Results

Describe all the relevant testing results. If reporting a verification testing failure, please include the verification testing results, ENERGY STAR specification requirement(s) for the performance criteria that the product failed, and initial testing results.

### Section IV: Additional Model Numbers

List the identifying information for any private label models, family models, or other related models qualified on the same basis as the product that failed testing.  
Please attach additional pages, if necessary.

ENERGY STAR Manufacturing Partner:	Brand Name:	Model Name:	Model Number	ENERGY STAR Model Identifier:

Last updated August 29, 2018

United States ENVIRONMENTAL PROTECTION AGENCY Washington, DC 20460 Office of Atmospheric Programs  
OMB Control No. 2060-0528

*The public reporting and recordkeeping burden for this collection of information is estimated to average 6.3 hours per response. Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.*