



CUSTOMER INFORMATION

Customer Name:			Customer Phone Number (H):		
Customer Address:			Customer Phone Number (W):		
City:	State:	Zip:	Customer Email:		
Inspection Date:			Home Performance Analyst:		

COMBUSTION EQUIPMENT TESTING / COMBUSTION APPLIANCE ZONE TESTING

	CO Ambient	Base Pressure	Worst Case Pressure	NET CAZ Depression	Limit for CAZ	Result	
CAZ 1:						<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Action Required: _____
CAZ 2:						<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Action Required: _____

	Worst Case Test Results			Natural Condition Test Results			Flue Inspection	
	Spillage	Draft	CO	Spillage	Draft	CO		
Heating System 1:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	pa	ppm	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	pa	ppm	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Action Required: _____
Heating System 2:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	pa	ppm	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	pa	ppm	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Action Required: _____
DHW System 1:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	pa	ppm	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	pa	ppm	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Action Required: _____
Combined:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	pa		<input type="checkbox"/> Pass <input type="checkbox"/> Fail	pa		<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Action Required: _____
Other:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	pa	ppm	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	pa	ppm	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Action Required: _____

Gas Leak Testing: No Leaks Leaks Detected as Noted: _____

	Kitchen	Main Living Room	Other - ppm	
Ambient CO:				<input type="checkbox"/> Action Required: _____

	Fuel	CO ppm	Vent Out?	
Oven CO:			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Action Required: _____

Dryer Vent: Electric Gas Properly Vented Gas Improperly Vented Action Required: _____

BLOWER DOOR TEST AND VENTILATION COMPLIANCE

Test In Bldg Leakage (CFM50): _____ Test Out Bldg Leakage (CFM50): _____ 100% BAS (CFM50): _____ 100% BAS number here must match the Beacon HEA calculated BAS 70% BAS (CFM50): _____	<input type="checkbox"/> Pass <input type="checkbox"/> Pass w/ Ventilation <input type="checkbox"/> Failed <input type="checkbox"/> Action Required: _____	Notes: _____
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DISTRIBUTION SYSTEM AIR FLOW (REQUIRED IF DUCTS WERE SEALED AS PART OF PROJECT) AND LEAKAGE TEST

Airflow Test Result: <input type="checkbox"/> Pass <input type="checkbox"/> Fail If fail, action to be taken: _____	Duct Leakage Test: <input type="checkbox"/> Duct Blaster <input type="checkbox"/> BD Subtract Duct Test Result (enter here or attach separate form): CFM25 (Test-In): _____ CFM25 (Test-Out): _____		
Verification of Measures Installed: <input type="checkbox"/> Basement Air Sealing <input type="checkbox"/> Attic Air Sealing <input type="checkbox"/> Baseboard / Molding Air Sealing <input type="checkbox"/> Windows / Doors Air Sealing <input type="checkbox"/> Ext. Wall to Garage Air Sealing <input type="checkbox"/> Attic Flat Insulation <input type="checkbox"/> Attic Slope Insulation <input type="checkbox"/> Attic Knee wall Insulation <input type="checkbox"/> Exterior Wall Insulation	<input type="checkbox"/> Attic Stairs Insulation <input type="checkbox"/> Attic Tent <input type="checkbox"/> Window Replacement / Repair Qty: _____ <input type="checkbox"/> Window Film / Solar Screen Qty: _____ <input type="checkbox"/> Door Replace / Repair Qty: _____ <input type="checkbox"/> Heating System Replace / Repair <input type="checkbox"/> Central Air Conditioner Replace / Repair <input type="checkbox"/> Htg / DHW Flue Replace / Repair <input type="checkbox"/> Air Handler Replace / Repair <input type="checkbox"/> Duct Sealing / Insulation / Replacement	<input type="checkbox"/> DHW System Replace / Repair <input type="checkbox"/> DHW Blanket / Pipe Insulation <input type="checkbox"/> Exhaust Fans - Qty: _____ / HRV <input type="checkbox"/> Exhaust Vents Reroute / Insulate <input type="checkbox"/> Attic Vents Qty: _____ <input type="checkbox"/> Appliance: _____ <input type="checkbox"/> Appliance: _____ <input type="checkbox"/> Appliance: _____ <input type="checkbox"/> Lighting: CFLs / Fixt. Qty: _____ <input type="checkbox"/> Renewable Energy Syst: _____	<input type="checkbox"/> Health & Safety: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Notes/Items Requiring Follow-Up: _____

CERTIFICATIONS AND SIGNATURES

Contractor Statement and Signature
 I attest that all of the information entered above is correct to the best of my knowledge. I agree to complete any items noted above for follow-up corrective action, and will submit an additional Post-Installation Tests and Inspections form that verifies the successful completion of those items and records required follow-up tests or inspections.

Contractor Signature: _____ Date: _____

Customer Statement
 I attest that I am the owner of the property specified above, and that all materials and equipment included in my home improvement contract with the above Contractor have been furnished and installed by the Contractor, and that the work has been completed pursuant to the contract. I agree that all information is true and that I have conformed to all program energy-efficient improvements and equipment requirements listed.

Customer Signature: _____ Date: _____