

PEPCO TEST-OUT FORM

Home Performance with ENERGY STAR® Program

Customer Name: Daniel Hellerstein Customer Phone Number (h): 301 649 4728
 Customer Address: 1909 Franwall Ave. Customer Phone Number (w): 301 928 0970
 City, State, ZIP: Wheaton, MD 20902 Customer Email: danielh@crosslink.net
 Inspection Date: 6/22/12 Home Performance Analyst: Oliver OUTSIDE TEMP: 82

I. COMBUSTION EQUIPMENT TESTING / COMBUSTION APPLIANCE ZONE TESTING

	CO Ambient	Base Pressure	Worst Case Pressure	Net CAZ Depress.	Limit for CAZ	Result	Base:	Fans:	Handler:	Doors:
CAZ 1:	0	-0.1	-2.4	-2.3	-5	<input checked="" 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 checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	-4.8 pa	1 ppm	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	pa	ppm	<input checked="" 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 checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	-6.2 pa	0 ppm	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	pa	ppm	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Action Required:
Combined:	<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:
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 Detected Leaks Detected as Noted: _____

	Kitchen	Main Living	Other - ppm	
Ambient CO:	0	0		<input type="checkbox"/> Action Required:

	Fuel	CO ppm	Vent Out?	
Oven CO:	Electric	0	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Action Required:

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

II. BLOWER DOOR TEST AND VENTILATION COMPLIANCE (required if air sealing was done as part of project)

Test-In Bldg. Leakage: 3376 CFM50 Test-Out Bldg. Leakage: 2600 CFM50 Bldg. Leakage Standard: 2272 CFM50 Result: Pass Fail
 Method Used to Determine Building Leakage Standard (check one):
 Whole Building Ventilation per ASHRAE 62.2 - 2007 Ventilation Exemption per ASHRAE 62.2 - 2007 Section 4.1.3 BPI Building Air Tightness Std per ASHRAE 62.2 - 1989
 Action Required:

III. DISTRIBUTION SYSTEM AIR FLOW (required if ducts were sealed as part of project) AND LEAKAGE TEST

Airflow Test Result: Pass Fail If fail, action to be taken: _____
 Duct Leakage Test: Duct Blaster BD Subtract Duct Test Reduction (enter here or attach separate form): _____
 CFM25 (Test-In) _____ CFM25 (Test-Out) _____

Verification of Measures Installed:	Measures to be Installed:	Health & Safety:
<input checked="" type="checkbox"/> Basement Air Sealing <input checked="" type="checkbox"/> Attic Air Sealing <input type="checkbox"/> Basebrd / Molding Air Sealing <input checked="" type="checkbox"/> Windows / Doors Air Sealing <input type="checkbox"/> Ext. Wall to Garage Air Sealing <input checked="" type="checkbox"/> Attic Flat Insulation <input checked="" type="checkbox"/> Attic Slope Insulation <input type="checkbox"/> Attic Kneewall Insulation <input type="checkbox"/> Exterior Wall Insulation	<input checked="" 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 checked="" type="checkbox"/> Central Air Conditioner Replace / Repair <input checked="" type="checkbox"/> Htg. <u>DHW Flue Replace</u> 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 checked="" type="checkbox"/> Exhaust Fans Qty: <u>2</u> / 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: _____

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 Test-Out Form that verifies the successful completion of those items and records required follow-up tests or inspections.
 Contractor Signature: _____ Date: 6/22/12

Customer Statement and Signature
 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: 6/22/12