

# Home Performance with ENERGY STAR

## Post-Installation Tests and Inspections

[Enter Company Name]



Sponsor or  
Contractor Logo  
Here

Customer Name: \_\_\_\_\_  
Customer Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Inspection Date: \_\_\_\_\_

Customer Phone Number (h): \_\_\_\_\_  
Customer Phone Number (w): \_\_\_\_\_  
Customer Email: \_\_\_\_\_  
Home Performance Analyst: \_\_\_\_\_

### Blower Door Test and Ventilation Compliance

#### Method Used to Determine Building Leakage Standard (check one):

- ☐ Whole Building Mechanical Ventilation per ASHRAE 62.2 - 2007  
☐ Ventilation Credit for Air Leakage (indicate software used):  
    ☐ TECTITE      ☐ ZipTest Pro2  
☐ Ventilation Exemption for Existing Homes per ASHRAE 62.2 - 2007  
☐ BPI Legacy Building Air Tightness Std per ASHRAE 62.2 - 1989  
☐ Other: \_\_\_\_\_

Bldg Leakage  
(Test-In): \_\_\_\_\_

CFM50 / ACH  
(circle one)

Bldg Leakage  
(Test-Out): \_\_\_\_\_

CFM50 / ACH  
(circle one)

CFM50 / ACH / Mech. Ventilation CFM  
(circle one)

☐ Pass    ☐ Pass w/ Ventilation Recommended

☐ Fail - Action Required: \_\_\_\_\_

### Combustion Equipment Testing / Combustion Appliance Zone Testing

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

  

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

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

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

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

Dryer Vent: ☐ Electric    ☐ Gas Properly Vented    ☐ Gas Improperly Vented. Action Required: \_\_\_\_\_

### 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	Duct Leakage Test: Duct Blaster    BD Subtract    Delta Q    Press Pan
If fail, action to be taken: _____	Duct Test Result (enter here or attach separate form): _____
	Pressure Pan Average (Test-In): _____    Pressure Pan Average (Test-Out): _____

  

<b>Verification of Measures Installed:</b> <input type="checkbox"/> Basement Air Sealing <input type="checkbox"/> Attic Air Sealing <input type="checkbox"/> Basebrd / 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 Kneewall 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"/> Lighting: CFL's / 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: _____
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### 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 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.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_