

TNMP Standard Offer Program
2018 Field Data Collection Form

- Residential
 Hard-to-Reach

Date: _____
Project Sponsor: _____ Phone: _____
Customer Name: _____
Service address: _____
City: _____ Zip: _____
ESI ID: _____
Meter#: _____
Home Phone: _____ Cell/Work Phone: _____

Building Type: Single family detached Duplex
 Mobile home Apartment: Upper Lower Middle
of Stories: _____ Sq. Ft. of Conditioned Space: _____ # of Bedrooms: _____
Heating type: Gas/Propane Electric Resistance Heat Pump
Cooling type: Central AC Heat Pump Window units & # of units: _____
Water Heating Type: Electric Gas/Propane

Duct Sealing Unit #1
Pre-retrofit CFM₂₅: _____ Post-retrofit CFM₂₅: _____ CO test (ppm): _____
Foundation Type: Slab Crawlspace/Basement Conditioned Space (*upper Floor*)
Floor Area: _____
Air handler location: Attic/Garage Interior closet/furr-down Semi-Conditioned Space
of Return Registers: _____
System cooling capacity TONS: 5.0 4.5 4.0 3.5 3.0 2.5 2.0 1.5
Duct type: Sheet Metal Ducts Flex Ducts or Fiberboard
Duct leakage areas treated: (Check all that apply)
 Registers Return Plenum Duct connections Duct holes/tears
 Other: _____

Duct Sealing Unit #2
Pre-retrofit CFM₂₅: _____ Post-retrofit CFM₂₅: _____ CO test (ppm): _____
Foundation Type: Slab Crawlspace/Basement Conditioned Space (*upper Floor*)
Floor Area: _____
Air handler location: Attic/Garage Interior closet/furr-down Semi-Conditioned Space
of Return Registers: _____
System cooling capacity TONS: 5.0 4.5 4.0 3.5 3.0 2.5 2.0 1.5
Duct type: Sheet Metal Ducts Flex Ducts or Fiberboard
Duct leakage areas treated: (Check all that apply)
 Registers Return Plenum Duct connections Duct holes/tears
 Other: _____

Air Infiltration *This measure requires photos for reduction > 30% (pre-CFM; post-CFM; scope of work)*

Wind shielding: Well-shielded Normal Exposed

Pre-retrofit CFM₅₀: _____ Post-retrofit CFM₅₀: _____ CO test (ppm): _____

post-installation Carbon Monoxide test required
for homes with gas appliances

Air infiltration measures installed: (Check all that apply)

Number of Plumbing penetrations:

- Kitchen _____ Bathroom #3 _____
 Bathroom #1 _____ Utility Room _____
 Bathroom #2 _____
 Other: _____

Door weatherstripping:

- Exterior door(s). # of doors: _____
 Furnace closet door _____
 Water heater door _____
 Attic access door _____

Caulking:

- Windows. # of windows: _____ Exterior door(s). # of doors: _____
 Other areas. Describe: _____
 Light switch/outlet gaskets: _____
 # of light switch gaskets: _____ # of outlet gaskets: _____
 # of sealed light & fan penetrations _____ Trim & Baseboards _____
 Other air sealing measures. Describe: _____

____ Project Sponsor affirms that an insulation installation certificate was permanently affixed near the attic opening

Attic Insulation **photos required if existing insulation is below R-5 (show full attic floor and ruler close-up)*

Attic Area #1

Insulation Type : None Loose Fill Fiberglass Loose Fill Cellulose
 Loose Fill Mineral Fiber Fiberglass/Rockwool Batts

Approximate inches of existing insulation : _____ Existing Insulation R-Value: _____

Existing Insulation Condition : Good Fair Poor

Square feet of ceiling to be insulated : _____ Number of bags installed: _____

Final R-Value: _____

Attic Area #2

Insulation Type : None Loose Fill Fiberglass Loose Fill Cellulose
 Loose Fill Mineral Fiber Fiberglass/Rockwool Batts

Approximate inches of existing insulation : _____ Existing Insulation R-Value: _____

Insulation Condition : Good Fair Poor

Square feet of ceiling to be insulated : _____ Number of bags installed: _____

Final R-Value: _____

Inputs for database if two attic areas are present:

Insulation Type: _____ Condition: _____

Inches of Existing Insulation: _____ Square feet of ceiling to be insulated _____

Attic Encapsulation

Base R-Value: _____ R-Value of Installed Insulation: _____

Sq. Ft. of Insulation Installed Above Conditioned Space: _____

Wall Insulation

Net wall area insulated (gross wall area less window and door area), sq.ft.: _____

Wall cavity size : 2x4 2x6 Insulation material: Fiberglass batt

Base wall insulation: Uninsulated R-4 Closed-cell foam spray

Final Insulation R-Value: _____

Floor Insulation

Area above unconditioned space to be insulated, sq.ft.: _____

Window AC

Existing Unit Type: _____ Age of Existing Unit: _____

Replacement Action Type: Replace on Burnout Early Retirement New Construction

Cooling Capacity of Installed Unit (Btu/hr): _____

Combined Energy Efficiency Ratio of Installed Unit (CEER): _____

AC Tune Up

Unit Type: _____ Cooling Capacity of Unit (Btu/hr): _____

Additional Notes: _____

Central AC or Heat Pump Replacement

Existing Unit Type: Air Source Heat Pump Electric Resistance

Replacement Unit Type: _____

Replace on Burnout Early Retirement New Construction Age of Existing Unit: _____

AHRI reference number: _____

System cooling capacity TONS: 5.0 4.5 4.0 3.5 3.0 2.5 2.0 1.5

SEER: 14.00-14.49 14.50-14.99 15.00-15.99 16.00-16.99 17.00-17.99 18+

HSPF: (HP only) _____ Replace Existing Electric Furnace (HP only) : Yes No

Condenser:

Brand: _____ Model # _____ Serial # _____

Coil:

Brand: _____ Model # _____ Serial # _____

Furnace Model # _____

Solar Screens

Number of South-facing windows /doors treated: _____ Total sq. ft.: _____

Number of West-facing windows/doors treated: _____ Total sq. ft.: _____

Number of SouthWest-facing windows/doors treated: _____ Total sq. ft.: _____

Energy Star Windows

Existing window type: Single pane Double pane Window orientation: (mark all that apply)

Window area sq.ft.: _____ N NE S SW E SE W NW

Energy Star LEDs

Number of Installed Bulbs: _____ Lumens: _____

Location(s) of Installation(s): _____

Energy Star Ceiling Fan

Number of Fans Installed: _____

Locations of Fans Installed: _____

Water Heating Measures **Low-flow showerheads**Number installed: _____ Flow Rate: 2.0 GPM 1.75 GPM 1.5 GPM **Faucet Aerators**Number installed: _____ Flow Rate: 1.0 GPM 1.5 GPM **Water Heater Replacement**Existing Water Heater Type: Electric HeatpumpReplacement Water Heater Type: Electric Tankless Gas Gas Tankless

Energy Factor: _____ Tank Size: _____

Location of Replacement Water Heater: Conditioned Space Unconditioned SpaceConditioned Space Heating Type: Electric Gas Heat Pump **Water Heater Jacket**Water Heater Type: Electric Heat Pump Insulation R-Value: _____

of Electric Water Heaters treated: _____ Year Water Heater Manufactured: _____

Water heater size (gal.): 30 40 50 60 80 120Water heater location: Conditioned space Unconditioned space **Pipe Wrap Insulation**Water Heater Type: Electric Heat Pump Insulation R-Value: _____

of Electric Water Heaters treated: _____

Pipe location: Conditioned space Unconditioned spacePipe length: _____ (6 ft. is maximum value) Pipe Diameter: 1/2" 3/4" 1" **Solar Water Heater**Tank Size: 80 50 30 Solar Energy Factor: 1 2 3 4 5

 Energy Star Clothes WasherWater Heater Type: Gas Heat Pump Electric Resistance Dryer Fuel Type: ElectricUnit Type: Front Loading Top-Loading Compact Gas **Energy Star Dishwasher**Water Heater Type: Gas Heat Pump Electric ResistanceDishwasher Type: Standard Compact **Energy Star Refrigerator**

Age of Existing Unit: _____ Mfg kWh: _____

Replacement Type: Replace on Burnout Early Retirement New ConstructionProduct Class: _____ Total Volume: _____ **Cool Roof**

Ceiling R-value (post-installation): _____

Square footage of reflective roofing material installed: _____

Roof Slope: Low Slope (<=2/12) Steep Slope (>2/12)3-Year CRC Reflectance Rating: 0.15-0.29 0.3-0.49 0.5-0.69 >= 0.7

Roof Material Type: _____