

**TNMP Standard Offer Program
2018 Field Data Collection Form**

Date: _____ **Program:** Residential Hard-to-Reach
Project Sponsor: _____ **Phone:** _____
Customer Name: _____
Service address: _____
City: _____ **Zip:** _____
ESI ID: _____
Meter#: _____
Home Phone: _____ **Cell/Work Phone:** _____

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

Attic Insulation *photos required if existing insulation is below R-5 (show full attic floor and ruler close-up)
 _____ Project Sponsor affirms that an installation certificate was permanently affixed near the attic opening

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:** _____
 Attic Floor Photo Ruler Photo **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:** _____
 Attic Floor Photo Ruler Photo **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: _____
 Before Photo of Attic (required attachment) After Photo of Attic (required attachment)

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.): _____ **Floor Insulation R-Value:** _____
 Before Photo of Floor (required attachment) After Photo of Floor (required attachment)

Window AC

Existing Unit Type*: _____ Age of Existing Unit: _____

**Reverse Cycle with Louvered Sides; Reverse Cycle w/o Louvered Sides; No Reverse Cycle with Louvered Sides;*

No Reverse Cycle w/o Louvered Sides; Casement-only; Casement-slider

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): _____
Serviced within 5 years: Yes No Date of last service: _____

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+

EER: _____

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

New Condenser:

Brand: _____ Model # _____ Serial # _____

New 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 Omnidirectional LEDs

Incan. Eq. W	Model #	Lumens	Wattage	Life (Hrs)	Location(s) Installed
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Removed Incandescent Bulb/s Photo *(required attachment)*

Energy Star Ceiling Fan

Number of Fans Installed: _____

Locations of Fans Installed: _____

Water Heating Measures

Low-flow showerheads # installed: _____ Flow Rate: 2.0 GPM 1.75 GPM 1.5 GPM

Faucet Aerators # installed: _____ Flow Rate: 1.0 GPM 1.5 GPM

Water Heater Replacement

Existing Water Heater Type: Electric Heatpump

Replacement Water Heater Type: Electric Tankless Gas Gas Tankless

Energy Factor: _____ Tank Size: _____

Location of Replacement Water Heater: Conditioned Space Unconditioned Space

Conditioned Space Heating Type: Electric Gas Heat Pump

Water Heating Measures (continued)

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 80 120
 Water 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 space
 Pipe length (ft.): _____ (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 Washer

Water Heater Type: Gas Heat Pump Electric Resistance Dryer Fuel Type: Electric
 Unit Type: Front Loading Top-Loading Compact Gas

Energy Star Dishwasher

Water Heater Type: Gas Heat Pump Electric Resistance
 Dishwasher Type: Standard Compact

Other Measures

Energy Star Refrigerator

Age of Existing Unit: _____ Mfg kWh: _____
 Replacement Type: Replace on Burnout Early Retirement New Construction
 Product Class: _____ Total Volume: _____

Cool Roof

Insulation location: Ceiling Roof deck
 Ceiling/deck R-value (post-installation): _____ Sq. ftg of reflective roofing 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: _____

Solar PV

	Module Man.	Type*	WDCstc/Module	# Modules	Tilt(degr)	Orientation(de	Shading %
Array 1							
Array 2							
Array 3							

* Module type is Standard, High Efficiency, or Thin Film (per PVWatts definitions)

Mounting Type: Roof Ground Pole
 Tracking Type: Fixed Single Axis Dual Axis

System Total Capacity (kWDC stc): _____

Inverter Make: _____ # Installed: _____ AC Capacity/Inverter _____ WAC

Photos of Array, Module Spec Label, Balance of System Cluster (required attachments)

Pool Pumps

Action Type: Replace-On-Burnout New Construction Early Retirement
 Manufacturer: _____ Make: _____
 Rated Pump HP: _____
 Existing pool pump operating hours: _____