

**TNMP Standard Offer Program  
2020 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: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Preferred method of contact:  E-mail  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: \_\_\_\_\_  
 Pre Attic Floor Photo  Pre Ruler Photo Final R-Value: \_\_\_\_\_  
 Post Attic Floor Photo  Post Ruler Photo

**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: \_\_\_\_\_  
 Pre Attic Floor Photo  Pre Ruler Photo Final R-Value: \_\_\_\_\_  
 Post Attic Floor Photo  Post Ruler Photo

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: \_\_\_\_\_  
 Pre Photo of Attic (required attachment)  Post 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: \_\_\_\_\_  
 Pre Photo of Floor (required attachment)  Post 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

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 Replacement** or  **Central Heat Pump Replacement**

Existing Heating Type:  Air Source Heat Pump  Electric Resistance  Gas

Does the existing system still work?  Yes  No

If yes, provide the following:

Existing Condenser: Make: \_\_\_\_\_ Model #: \_\_\_\_\_ SN: \_\_\_\_\_

Age: \_\_\_\_\_  Photo of Existing Condenser Nameplate (required)

Existing Coil: Make: \_\_\_\_\_ Model #: \_\_\_\_\_ SN: \_\_\_\_\_

Age: \_\_\_\_\_  Photo of Existing Coil Nameplate (required)

Owner's motivation for replacement (check all that apply):

- Needs replacement soon
- Reduce energy bills
- Reduce maintenance costs
- Other: \_\_\_\_\_

**New Unit Information:**

Reference #: \_\_\_\_\_ (Circle one: AHRI/DOE/Other \_\_\_\_\_)

New System cooling capacity BTUH: \_\_\_\_\_ (ex. 26,500 btuh)

SEER: \_\_\_\_\_ 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**  Spec sheet (attached)

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 (17,501 min.)	Location(s) Installed
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Removed Incandescent Bulb/s Photo (required attachment)  Spec sheet (attached)

Existing Lumens \_\_\_\_\_ Existing Wattage \_\_\_\_\_ Existing Location(s) \_\_\_\_\_

**Energy Star Ceiling Fan**  Spec sheet (attached)

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

Post Photo of Installed Low-Flow Showerhead (required attachment)  Spec sheet (attached)

**Faucet Aerators** # installed: \_\_\_\_\_ Flow Rate:  1.0 GPM  1.5 GPM

Post Photo of Installed Faucet Aerator (required attachment)  Spec sheet (attached)

**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  
Wrapped length (ft.): \_\_\_\_\_ (6 ft. is maximum value)      Pipe Diameter:  1/2"  3/4"  1"

**Energy Star Clothes Washer**  Spec sheet (attached)

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

**Energy Star Dishwasher**  Spec sheet (attached)

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

**Other Measures**

**Energy Star Refrigerator**  Spec sheet (attached)

Age of Existing Unit: \_\_\_\_\_      Mfg kWh: \_\_\_\_\_  
Replacement Type:  Replace on Burnout  Early Retirement  
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: \_\_\_\_\_

**Pool Pumps**  Spec sheet (attached)

Action Type:  Replace-On-Burnout  Early Retirement  
Manufacturer: \_\_\_\_\_      Make: \_\_\_\_\_  
Rated Pump HP: \_\_\_\_\_  
Existing pool pump operating hours: \_\_\_\_\_

**Air Infiltration**

Heating Type:  Gas  Electric Resistance  Other: \_\_\_\_\_  
Pre Infiltration CFM: \_\_\_\_\_      Post Infiltration CFM: \_\_\_\_\_  
Shielding Type:  Well-Shielded  Normal  Exposed      Stories: \_\_\_\_\_  
Square Footage: \_\_\_\_\_      Number of Bedrooms: \_\_\_\_\_  
Apply the 5.2 CFM/sq ft upper bound pre leakage cap?:  Yes  No

Cooling System Type:  Refrigerated AC  Evaporative Cooling  Room AC  None  
Apply CFM Reduction Cap?:  Yes  No  
Pre-Blower Door Test Photo:       Post-Blower Door Test Photo:       Scope Photo:

**Duct Sealing**

AC Tons (between 1.5-5.0): \_\_\_\_\_      Apply Pre-CFM Cap?:  Yes  No  
Pre Duct Leakage (cfm): \_\_\_\_\_      Post Duct Leakage (cfm): \_\_\_\_\_  
Heating Type:  Gas  Heat Pump  Electric Resistance  None  
Cooling System Type:  Refrigerated AC  Evaporative Cooling  None