

TNMP Standard Offer Program 2021 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 (photos req.) 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): _____

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 #: _____

Duct Sealing *Measure education left with customer (required)*

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

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 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

Water Heater Pipe Insulation (post installation photo upload required)

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"

Other Measures

- 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

Energy Star Refrigerator Spec sheet (attached)

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

Energy Star Connected Thermostat (post installation photo upload required)

HVAC System Type: Air Conditioner Heat Pump Make: _____ Model: _____
 Existing Thermostat: Make: _____ Model: _____

Energy Star Air Purifiers (post installation photo and spec sheet upload required)

Clean Air Delivery Rate (in cfm): _____ Quantity installed: _____

Advanced Power Strips (post installation photo upload required)

System Type: Home Entertainment Home Office
 Quantity: _____ APS Tier: 1 2
 System Type: Home Entertainment Home Office
 Quantity: _____ APS Tier: 1 2

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: _____