

TNMP Standard Offer Program 2024 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: _____ **Customers preferred method of contact:** Email Phone
Unable to verify/qualify as HTR: **No Primary Measures Possible:**

Building Type: Single family detached Duplex Fourplex
Type: Mobile home Apartment: Upper Lower Middle
of Stories: _____ **Sq. Ft. of Conditioned Space:** _____ **# of Bedroom:** _____
Home Type: Site Built Manufactured **Year Built:** _____
Heating type: Gas/Propane Electric Resistance Heat Pump Space Heater (Electric or Gas)
Cooling type: Central AC Heat Pump Window units & # of units: _____
 Photos of indoor and outdoor unit & nameplate showing model & serial number
Water Heating Type: Electric Heat Pump Gas Other: _____

Envelope Measures

Attic Insulation **photos required if existing insulation is below R-5 (panoramic of attic 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/Rockwool Loose Fill Cellulose Fiberglass/Rockwool Batt
Approximate inches of existing insulation: _____ **Existing Insulation R-Value:** _____
Existing Insulation Condition: Good Fair Poor
Square feet of ceiling insulated: _____ **Number of bags installed:** _____ **Final R-Value:** _____
 Pre Attic Floor Photo Pre Ruler Photo Post Attic Floor Photo Post Ruler Photo

Attic Area #2
Insulation Type: None Loose Fill Fiberglass/Rockwool Loose Fill Cellulose Fiberglass/Rockwool Batt
Approximate inches of existing insulation: _____ **Existing Insulation R-Value:** _____
Insulation Condition: Good Fair Poor
Square feet of ceiling insulated: _____ **Number of bags installed:** _____ **Final R-Value:** _____
 Pre Attic Floor Photo Pre Ruler Photo 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 & door area), sq.ft.: _____
Wall cavity size : 2x4 2x6 **Insulation material:** Fiberglass batt
Base wall insulation: Uninsulated R-4 Closed-cell foam
Final Insulation R-Value: _____ **Home type:** Site built Manufactured

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)

Solar Screens
Window area treated sq.ft.: _____ Proof of purchase

Cooling, Heating, and Ventilation Measures

Duct Sealing

Measure education left with customer (required)

Duct Insulation: >R7 R4-R7 <R4 Pre & post photos of interventions taken
Duct location: >90 percent conditioned 50-90 percent conditioned <50 percent conditioned
Leakage characteristics: some observable leaks Substantial leaks Catastrophic leaks

Central and Mini-Split ACs and HPs

Type installed: Central AC Central HP Dual-fuel HP Mini-split AC Mini-split HP
 DC inverter AC DC inverter HP

Existing Heating Type: Air Source Heat Pump Electric Resistance Gas

Photo of Existing Condenser Nameplate (required)

Does the existing system still work? Yes No Photo demonstrating condenser functionality

If yes, provide the following:

Existing Condenser: Brand: _____ Model #: _____ Serial #: _____

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

Needs replacement soon Reduce energy bills
 Reduce maintenance costs Other: _____

If switching electric resistance heating: Brand: _____ Model #: _____ Serial #: _____

Photo of heating unit Nameplate (required) Heating capacity (HP only) BTUH/tons: _____

New Unit Information: SEER2: _____ EER2: _____ HSPF2 (HP only): _____

Reference #: _____ AHRI DOE Other Circle one: AHRI/DOE/Other

New System cooling capacity BTUH/tons: _____ Heating capacity (HP only) BTUH/tons: _____

Compressor type Single stage Multi-stage Variable Speed

New Condenser: Brand: _____ Model #: _____ Serial #: _____

New Evaporator: Brand: _____ Model #: _____ Serial #: _____

Proof of purchase or photo of installed unit

Manual J load calculation (when rightsizing upward by more than 0.5 tons)

Energy Star Connected Thermostat Energy Star Certificate (attached)

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

Heating type: Gas Electric resistance Heat Pump

Air Infiltration (Hard to Reach only) *This measure requires photos of reduction (pre-CFM; post-CFM; scope of work)*

Wind shielding: Well-shielded Normal Exposed (post-installation carbon monoxide test required for homes with gas appliances)
Pre-retrofit CFM₅₀: _____ Post-retrofit CFM₅₀: _____ CO test (ppm): _____

Number of occupants: _____ Number of bedrooms: _____ Number of stories: _____

Representative photos of repairs (can include following measures and locations)

Number of Plumbing penetrations:

Bathroom #1: _____ Bathroom #2: _____ Bathroom #3: _____

Kitchen: _____ Utility Room: _____ Other: _____

Caulking:

Windows: _____ Exterior door(s): _____ Other areas: _____

Gaskets:

Light switches: _____ Outlet gaskets: _____ Sealed light & fan penetrations: _____

Other air sealing measures (Describe): _____

Door weatherstripping:

Exterior door(s): _____ Water heater door: _____

Furnace closet door: _____ Attic access door: _____

AC and HP Tune-Ups (Pre and Post tune-up photos showing condition change required)

Existing Condenser: Manufacturer: _____ Model #: _____ Serial #: _____

Condenser Type: Air Conditioner Heat Pump Refrigerant type: _____

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

Heating Capacity of Installed Unit (Btu/hr): _____ Target superheat: _____

Post tune-up superheat: _____ OR Post tune-up subcooling: _____

Amount of refrigerant added: _____ OR Amount of refrigerant removed: _____

Static pressure before (_____) and after tune-up (_____)

Return dry bulb temperature: _____ and Return wet bulb temperature: _____

Supply dry bulb temperature: _____ and Supply wet bulb temperature: _____

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 Heatpump Gas Tankless Gas

Uniform Energy Factor: _____ Tank Size: _____ First Hour Rating: _____

Location of Replacement Water Heater: Conditioned Space Unconditioned Space

Conditioned Space Heating Type: Electric Gas Heat Pump

HPWH type Integrated HPWH Integrated HPWH 120v/15A circuit Split-system HPWH

(post installation photo or invoice upload required)

Water Heater Tank Insulation

Water Heater Type: Electric Heat Pump Insulation R-Value: _____

Water heater model number: _____ 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

Water Heater Type: Electric Heat Pump Insulation R-Value: _____

Pipe location: Conditioned space Unconditioned space

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

Other Measures

Advanced Power Strips

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

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

Small Advanced Power Strips

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

General Service LEDs (Hard to Reach only)

| Model # | Location | Lumens | Wattage | Life (17,501 min.) | Quantity |
|---------|----------|--------|---------|--------------------|----------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Removed Incandescent Bulb/s Photo Energy Star Certificate (attached)