

**TNMP Standard Offer Program
2017 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 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

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: _____ (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

Energy Star Refrigerator

Age of Existing Unit: _____ Mfg kWh: _____

Replacement Type: Replace on Burnout Early Retirement New Construction

Product Class: _____ Total Volume: _____