

TNMP Standard Offer Program 2023 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 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 Gas/Propane 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 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 & 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)

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): _____
 Pre & post test photos
 Cooling System Type: Refrigerated AC Evaporative Cooling None
 Energy Star Windows Spec sheet (*attached*)
 Existing window type: Single pane Double pane Window orientation: (*mark all that apply*)
 Window area sq.ft.: _____
 Cool Roof
 Insulation location: Ceiling Roof deck
 Ceiling/deck R-value (post-installation): _____ Sq.ft 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 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.: _____

Cooling, Heating, and Ventilation Measures

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* Photo of retired unit nameplate Connected functionality
 Replacement Action Type: Replace on Burnout Early Retirement
 Cooling Capacity of Installed Unit (Btu/hr): _____
 Combined Energy Efficiency Ratio of Installed Unit (CEER): _____
 Central and Mini-Split ACs and HPs SEER: 1 2
 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
 Does the existing system still work? Yes No Photo demonstrating condenser functionality
 If yes, provide the following:
 Existing Condenser: Brand: _____ Model #: _____ Serial #: _____
 Age: _____ Photo of Existing Condenser Nameplate (required)
 Existing Evaporator: Brand: _____ Model #: _____ Serial #: _____
 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: _____
 If switching electric resistance heating: Brand: _____ Model #: _____ Serial #: _____
 Photo of heating unit Nameplate (required) Heating capacity (HP only) BTUH/tons: _____
 New Unit Information: SEER: _____ EER: _____ HSPF (HP only): _____
 Reference #: _____ (Circle one: AHRI/DOE/Other _____)
 New System cooling capacity BTUH/tons: _____ Heating capacity (HP only) BTUH/tons: _____
 Compressor type Single stage Multi-stage
 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)

Water Heating Measures

Low-flow showerheads # installed: _____ Flow Rate: 2.0 GPM 1.75 GPM 1.5 GPM
 Pre-Existing Flow Rate: _____ Spec sheet (attached)

Faucet Aerators # installed: _____ Flow Rate: 1.0 GPM 1.5 GPM Spec sheet (attached)

Water Heater Replacement (post installation photo or invoice upload required)
 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

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
 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: _____

Energy Star Connected Thermostat (post installation photo upload required)
 HVAC System Type: Air Conditioner Heat Pump Make: _____ Model: _____
 Heating type: Gas Electric resistance Heat Pump
 Thermostat: Make: _____ Model: _____

Energy Star Air Purifiers (post installation photo and spec sheet upload required)
 Clean Air Delivery Rate (cfm): _____ Quantity Installed: _____

Advanced Power Strips (post installation photo upload required)
 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: _____

Pool Pumps Spec sheet (attached)
 Action Type: Replace-On-Burnout Early Retirement
 Manufacturer: _____ Make: _____
 Rated Pump HP: _____ Existing pool pump operating hours: _____

Energy Star Ceiling Fan Spec sheet (attached)
 Number of Fans Installed: _____ Locations of Fans Installed: _____

General Service LEDs

Incan. Eq. W	Model #	Lumens	Wattage	Life (17,501 min.)	Quantity
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Removed Incandescent Bulb/s Photo

Spec sheet (attached)

Air Infiltration This measure requires photos of reduction (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)

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

Air infiltration measures installed: (Check all that apply)

Number of Plumbing penetrations:

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

Kitchen: _____ Utility Room: _____

Other: _____

Caulking:

Windows: _____ Exterior door(s): _____

Other areas. Describe: _____

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: _____