



# Certificate of Completion

## Post-Installation Health and Safety Test Results

EmPower New York       Home Performance with ENERGY STAR®       Coordinated AHP/EmPower New York

Customer Name: \_\_\_\_\_ Contractor Name: \_\_\_\_\_

EmPower ID #: \_\_\_\_\_ Office Location (if applicable): \_\_\_\_\_

Home Performance ID #: \_\_\_\_\_

Technician Name: \_\_\_\_\_ BPI ID #: \_\_\_\_\_

**WAP Coordination:**     WAP work complete     WAP work in-progress     WAP will be completed within 12 months

**A. Customer Education: Energy Savings Action Plan:**  
**To reduce my monthly energy costs, I will take the following actions:**

**Action 1:** \_\_\_\_\_

**Action 2:** \_\_\_\_\_

**Action 3:** \_\_\_\_\_

**Action 4:** \_\_\_\_\_

If household opts out of Energy Education, have household initial here \_\_\_\_\_

**B. CUSTOMER STATEMENT AND SIGNATURE**

I, \_\_\_\_\_, attest that my home was left in good condition. I will make my best effort to complete the energy saving actions that I have listed above.

**Customer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**C. CAZ TESTING** Test Out Date: \_\_\_\_\_

MVG: \_\_\_\_\_ CFM50    Building Leakage \_\_\_\_\_ CFM50    **Fan Ring:**  Open     A     B     C

Inside Temp: \_\_\_\_\_ F    Outside Temp: \_\_\_\_\_ F    House Pressure: \_\_\_\_\_ Pa    Fan Pressure: \_\_\_\_\_ Pa

CAZ Test Venting Condition. Select the row that best describes the venting condition in the home and fill in the CAZ Worst Case Depressurization test result in that row.	BPI Limit (PA)	CAZ Worst Case Depressurization (Net)	
		CAZ #1	CAZ #2
Orphan natural draft water heater (including outside chimneys).	-2		
Natural draft boiler or furnace commonly vented with water heater.	-3		
Natural draft boiler or furnace w/ vent damper commonly vented with water heater; Induced draft boiler or furnace commonly vented with water heater; Individual natural draft boiler or furnace.	-5		
Power vented or induced draft boiler or furnace alone.	-15		
Exhaust to chimney-top draft inducer; High static pressure flame retention head oil burner; direct vented appliances; or Sealed combustion appliances.	-50		

CAZ #1 Worst \_\_\_\_\_ -Base \_\_\_\_\_ =Net \_\_\_\_\_ Pa    CAZ #2 Worst \_\_\_\_\_ -Base \_\_\_\_\_ =Net \_\_\_\_\_ Pa

CO Ambient (max.) In CAZ (during test): \_\_\_\_\_ PPM    CO Ambient (max.) in living space: \_\_\_\_\_ PPM

Appliance Type	Draft	Spillage	Spillage	CO	CO
	Pascals (Pa)	(Worst Case)	(Natural)	(Worst Case)	(Natural)
Heating System 1	_____ Pa	Pass/Fail	Pass/Fail	_____ PPM	_____ PPM
Heating System 2	_____ Pa	Pass/Fail	Pass/Fail	_____ PPM	_____ PPM
Water Heater 1	_____ Pa	Pass/Fail	Pass/Fail	_____ PPM	_____ PPM
Water Heater 2	_____ Pa	Pass/Fail	Pass/Fail	_____ PPM	_____ PPM
Oven	<input type="checkbox"/> Electric	<input type="checkbox"/> Gas w/ no vent	<input type="checkbox"/> Gas w/vent	_____ PPM	_____ PPM

**Contractor:** I, \_\_\_\_\_, attest that all measures completed by my company for EmPower New York adhere to current standards defined by the Building Performance Institute (BPI) and the current EmPower New York Program Guidelines. I further attest that, for all Home Performance designated projects, I have conducted the appropriate Combustion Appliance Zone (CAZ) testing and left the home in a safe condition as per BPI Standards.

Technician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All Home Performance with ENERGY STAR projects, all EmPower HP projects, and all EmPower ER projects that include heating system, water heater or dryer replacements.