



NYSERDA

EmPower New York Combustion Appliance Form

Customer Name: _____ Contractor Name: _____

EmPower ID #: D0 Date: _____

Heat Load Calculation

Yearly Usage - Estimated Baseload/Year = Heating Load/ Year

| Existing Appliances: | | Primary System | | Secondary System | |
|---|--|--|--|--|--|
| HEATING SYSTEMS | Safe to Operate? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Make | | | | |
| | Model | | | | |
| | Location | | | | |
| | Age of Unit (Years) | <input type="checkbox"/> Estimated | | <input type="checkbox"/> Estimated | |
| | System Type | | | | |
| | Fuel Type | | | | |
| | BTU In/Out | In _____ Out _____ | In _____ Out _____ | | |
| | Outside Temperature | | | | |
| | BPI CAZ Limit | | | | |
| | Depressurization (Net) CAZ Measured | | | | |
| | Draft/Spillage (Pascals) | _____ Pa <input type="checkbox"/> Pass <input type="checkbox"/> Fail | | _____ Pa <input type="checkbox"/> Pass <input type="checkbox"/> Fail | |
| | Carbon Monoxide (Flue) | | | | |
| | Measured Efficiency | | | | |
| | Net Stack Temperature | | | | |
| | CO ₂ | | | | |
| | Smoke Test (Oil) | | | | |
| | Controls Functioning Properly? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| System Venting Correctly? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Distribution Functioning Properly? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Filter Cover Present (Forced Air ONLY)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| | | | | | |
|------------------|------------------------|--|--|--|--|
| Hot Water | System Type | | | | |
| | Draft/Spillage | _____ Pa <input type="checkbox"/> Pass <input type="checkbox"/> Fail | | _____ Pa <input type="checkbox"/> Pass <input type="checkbox"/> Fail | |
| | Carbon Monoxide (flue) | | | | |
| | Currently Orphaned? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Gas Oven: Carbon Monoxide _____

Additional Diagonostic Notes:

| | | |
|------------------------------------|--|----|
| Proposed Minor Repair Costs | Programmable Thermostat(s) | \$ |
| | CO and/or Smoke Detectors (Not Pre-existing) | \$ |
| | Reconnect/Replace Ductwork | \$ |
| | Ductwork Air-Sealed | \$ |
| | Filter Cover Installed | \$ |
| | Filter Replaced, Filter Size | \$ |
| | Gas Leak Repairs | \$ |
| | Clean & Tune (as per EmPower Clean and Tune Checklist) | \$ |
| Minor Repair Subtotal: | | \$ |

Customer Name: _____

EmPower ID #: D0

Proposed Appliance(s):

Primary System

Secondary System

| | | | |
|--|---|--|--|
| Proposed Heating System Replacement | Make | | |
| | Model | | |
| | System Type | | |
| | Efficiency Rating | | |
| | Fuel Type | _____ Conversion? <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ Conversion? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | BTU In/Out | In _____ Out _____ | In _____ Out _____ |
| | Will water heater be orphaned by heating upgrade? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Manufacturer's Warranty (Describe) | | |
| | Contractor Warranty (Describe) | | |
| | Equipment and parts in stock? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Proposed Start Date: _____ |

Minor Repair Subtotal (from page 1) \$ _____

| | | | |
|-------------------------------------|---|---|----|
| PROPOSED WORKSCOPE AND COSTS | Heating System Repairs | Fuel Supply, Tank Leak(s), and repairs (Describe) | \$ |
| | | Flue Pipe & Chimney Repairs (Describe) | \$ |
| | | Parts (List) | \$ |
| | | Other (Describe) | \$ |
| | | Heating System Repair Subtotal: | |
| | Heating System Replacement | Replacement Heating System(s) | \$ |
| | | Heating System Base | \$ |
| | | Parts (List) | \$ |
| | | Parts (List) | \$ |
| | | Parts (List) | \$ |
| | | Other (Describe) | \$ |
| | Heating System Replacement Subtotal: | | \$ |
| | Building Permits | | \$ |
| | Labor Cost | | \$ |
| | Labor & Permit Subtotal: | | \$ |
| Total Proposed Costs: | | \$ | |