

## Certificate of Completion Post-Installation Health and Safety Test Results

☐ EmP	ower New York	☐ Assisted Home P	Performance with ENERG	Y STAR® (AHP) 🔲 (	Coordinated AHP/EmPower	New York		
Custom	er Name:		Partic	ipating Contractor Nam	e:			
EmPowe	er ID #:			Office Location (if applical	ble):			
AHP ID	#:							
Technic	ian Name:			BPI ID	#:	_		
WAP Co	oordination:	WAP work complete	☐ WAP work i	n-progress $\Box$	WAP will be completed wi	thin 12 months		
A.	Customer Education	: Energy Savings Action	n Plan:					
	To reduce my monthly energy costs, I will take the following actions:							
Audit Projects	Action 1:							
	Action 2:							
	Action 3:							
	Action 4:							
	If household onts ou	t of Energy Education.	have household initial h	ere				
В.	If household opts out of Energy Education, have household initial here  CUSTOMER STATEMENT AND SIGNATURE							
All Projects								
	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.							
	☐ The contractor installed energy savings and/or direct install measures as part of the comprehensive home energy assessment							
All F	Customer Signature: Date:							
C.	CAZ TESTING Test Out Date:							
nsulation, cement	MVG: CFM50 Building Leakage CFM50 Fan Ring: ☐ Open ☐ A ☐ B ☐ C							
	WCD: Pa							
ıling/l repla	Inside Temp:	Temp:F Outside Temp:F House Pressure:Pa Fan Pressure:F						
ir sea Iryer	CO Ambient (max.	nbient (max.) In CAZ (during test):			CO Ambient (max.) in living space: P			
Required for all projects that include air sealing/insulation, a heating system, water heater or dryer replacement	Appliance Type	<b>Draft</b> Pascals (Pa)	Spillage (Worst Case)	<b>Spillage</b> (Natural)	(Worst Case)	CO (Natural)		
	Heating System 1	Pa	Pass/Fail	Pass/Fail	PPM	PPM		
	Heating System 2	Pa	Pass/Fail	Pass/Fail	PPM	DDM		
	Water Heater 1	Pa	D/F-!I	Pass/Fail		PPM		
			Pass/Fail	Pass/Fail	PPM	PPM		
	Water Heater 2	Pa	3	•	PPM	PPM		
	Oven	☐ Electric	☐ Gas w/ no vent	☐ Gas w/ vent	PPM	PPM		
For Audit	t/Direct Install only proje	cts, please sign below and	d return this page to the pro	ogram. For comprehensiv	e projects, complete and subm	it entire form.		
Contract					l/or EmPower adhere to currer			
	es. I further attest that, for n as per program require		ects, I have conducted the a	ppropriate Combustion Ap	opliance Zone (CAZ) testing and	I left the home in a safe		
Technici	an Signature:				Date:			

signing. By signing this document, you are attesting that all work has been completed pursuant to AHP/EmPower process. If any part of the work has not been completed, please indicate below. If you have any questions or concerns about any aspect of the work performed, you should resolve them with your contractor <i>BEFORE</i> signing the form.						
All work has been completed, with the exception of the following:						
Participating Contractor agrees to complete these iten until the Participating Contractor and customer sign a	·	oon their completion. The project is not considered complete with no outstanding work.				
Contractor Initials:						
in the Contractor Participation Agreement with NYSER one (1) year after payment authorization, the Contract	DA. In the event that any defector will remedy, repair, correct,	h this project comply with the requirements as outlined it in workmanship or equipment is discovered within or cause to be remedied, repaired, corrected, or replaced The foregoing warranty survives any inspection NYSERDA				
lien or claim of, or right, to lien, under laws relating to Work and equipment not covered by a GJGNY Loan or furnished in this installation that is not funded by a GJG	mechanics liens with respect to AHP/EmPower incentives: Said GNY Loan or AHP/EmPower inc ives, or financed by any means	l waiver does not apply to any work and equipment entives. Any costs incurred by customer exceeding the other than a loan through a GJGNY loan or through AHP/				
furnished and installed by the Contractor. Installed me	easures along with incentives, I contractor, are satisfactory, and by cash payment, rebate, cash b an agreement with the Participa	ting Contractor or to proceed with work. If there is a				
Program Quality Assurance and Evaluation Customer agrees to participate in program quality assurance and inistrators with an opportunity to ensure energy savings and to evaluate program effectiveness questionnaires, and interviews. As a value-added service.	urance and evaluation activities that the eligible measures are . Program quality assurance and ice, AHP and EmPower program . If you are interested in receivi	s. The purposes of these activities are to provide the installed consistent with program standards, to assess devaluation activities may include on-site visits, a participants are offered the option of having a ng this valuable, FREE service, please call 1-866-NYSERDA				
Customer's Name (Print)	Signature	Date				

Signature

Date

Contractor's Business Name (Print)

Note to Customer: The below is only for Comprehensive EmPower/AHP and/or Loan Projects. Please read the following statements before