



**NYSERDA**

Enrollment ID:  
Customer Name:  
Tier:

**Assessment Installation Form**

**Section 1. Customer and Contractor Information**

<b>Customer Name</b>	
<b>Customer Building Address</b>	
<b>Customer Mailing Address</b>	
<b>Enrollment ID</b>	
<b>Contractor Name</b>	

**Section 2. Customer Education: Energy Savings Action Plan**

<b>To reduce my monthly energy costs, I will take the following actions:</b>	
<b>Action 1</b>	
<b>Action 2</b>	
<b>Action 3</b>	
<b>Action 4</b>	

**Section 3. Energy Saving Direct Install Measures**

<b>Measure Name</b>	<i>Installation Status &gt;&gt;</i>	<b>Yes</b>	<b>No</b>	<b>Measure Name</b>	<i>Installation Status &gt;&gt;</i>	<b>Yes</b>	<b>No</b>
LEDs (standard or candelabra)		<input type="checkbox"/>	<input type="checkbox"/>	Door Sweep*		<input type="checkbox"/>	<input type="checkbox"/>
Advanced Power Strips		<input type="checkbox"/>	<input type="checkbox"/>	Weatherstrip*		<input type="checkbox"/>	<input type="checkbox"/>
DHW Pipe Wrap Insulation		<input type="checkbox"/>	<input type="checkbox"/>	DHW Pressure Relief Valve Discharge Pipe*		<input type="checkbox"/>	<input type="checkbox"/>
CO Detector		<input type="checkbox"/>	<input type="checkbox"/>	Furnace Filter*		<input type="checkbox"/>	<input type="checkbox"/>
Smoke Detector		<input type="checkbox"/>	<input type="checkbox"/>	Furnace Filter Slot Cover*		<input type="checkbox"/>	<input type="checkbox"/>
Combo CO/Smoke Detector		<input type="checkbox"/>	<input type="checkbox"/>	Showerheads (regular or handheld)*		<input type="checkbox"/>	<input type="checkbox"/>
				Thermostat (programmable)*		<input type="checkbox"/>	<input type="checkbox"/>

Direct Install measures are provided at no cost to eligible customers. Customers receiving electric service through a municipal electric provider may not be eligible for direct install measures. \*For renters, the installation of these measures require landlord permission through the submission of a Rental Property Energy Efficiency Service Agreement.



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**Section 4. Customer Statement and Signature**

I, \_\_\_\_\_ attest that my home was left in good condition. I will make my best effort to complete the energy savings action that I listed above. As part of the comprehensive home energy assessment, the contractor installed the energy saving and/or direct install measures listed above unless I declined or there was no opportunity to install the specific measure requirements.

\_\_\_\_\_  
Customer's Name (Print)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
Date

**Section 5. Building Leakage & Combustion Appliance Zone (CAZ) Testing**

Blower Door Testing	
Test In Date:                    /            /	Building Leakage (CFM50):
Inside Temperature °F:	House Pressure (Pa):
Outside Temperature °F:	Fan Ring: <input type="checkbox"/> Open <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Worst Case Depressurization (Pa):	Fan Pressure (Pa):
Minimum Ventilation Guideline (CFM50):	
Blower Door Testing Notes	

