

Enrollment ID: Customer Name:

Tier:

Assessment Installation Form

Section 1. Customer and Contractor Information

Customer Name	
Customer Building Address	
Customer Mailing Address	
Enrollment ID	
Contractor Name	

Section 2. 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				

Section 3. Energy Saving Direct Install Measures

Measure Name Installation Status >>	Yes	No	Measure Name Installation Status >>	Yes	No
LEDs (standard or candelabra)			Door Sweep*		
Advanced Power Strips			Weatherstrip*		
DHW Pipe Wrap Insulation			DHW Pressure Relief Valve Discharge Pipe*		
CO Detector			Furnace Filter*		
Smoke Detector			Furnace Filter Slot Cover*		
Combo CO/Smoke Detector			Showerheads (regular or handheld)*		
			Thermostat (programmable)*		

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: Open A B C				
Worst Case Depressurization (Pa):			Fan Pressure (Pa):				
Minimum Ventilation Guideline (CFM50):							
Blower Door Testing Notes							



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Combustion Appliance Zone (CAZ) Testing									
Ambient CO (max in CAZ during test) PPM: Amb			Ambient C	Ambient CO (max in living space) PPM:					
Appliance Type	Electric	Combustion Appliance Testing						I	
	Testing NA	Testing Configurat	Spillage				СО РРМ		
Heating System 1		Worst Case			Pass		Fail		
Water Heater 1		🗌 Nat	ural		Pass		Fail		
Oven				Gas w/ No Vent					
			Gas w/ Vent						
Combustion Appliance Zone (CAZ) Testing Notes									

Contractor: I,

attest that all measures installed through the

EmPower+ program guidelines. I further attest that, for all EmPower+ projects, I have conducted the appropriate Combustion Appliance Zone (CAZ) testing and left the home in a safe condition as per program requirements.

Technician Name (Print)

Technician SIGNATURE

Date