

Home Energy Conservation Program Heat Pump Interim Audit Form

Client Name: _____ Client/Job Application ID: _____
Client Address: _____ Auditor: _____
County: _____ Date: _____

INDOOR

Manufacturer of Heat Pump: _____
Model of Heat Pump: _____
Serial # of Heat Pump: _____

Furnace Type: Upflow Downflow Horizontal Left Horizontal Right
Aux. Drain Pan: Yes No Contractor Replaced Contractor Added Passed N/A
Kinks in Piping: Yes No Contractor Repaired Passed N/A
Insulated Vapor Pipe: Yes No Contractor Added Insulation Passed N/A
Condensate Line Trapped: Yes No Contractor Repaired Passed N/A
Describe Line Configuration and Termination _____

CFM= _____ Formula: _____ volts x _____ amps = _____ watts x 3.413 = _____ BTUH
Supply _____°F minus Return _____°F = Delta T _____°F x 1.08 = _____ I BTUH

THERMOSTAT

Level and Secure: Yes No Contractor Repaired Passed N/A
Anticipator 2nd Stage: Measured _____ Set At _____ Reset _____

DUCTWORK

Leaky: Yes No Contractor Repaired Passed N/A
Disconnected: Yes No Contractor Repaired Passed N/A
In Unconditioned Space: Yes No Contractor Insulated Passed N/A
Air Filter Condition: Dirty Clean Missing Contractor Cleaned Contractor Replaced
Air Filter Size: _____ Passed N/A
Blower Wheel: Dirty Clean Contractor Cleaned Passed N/A
Blower Motor: Direct Drive Belt Drive Contractor Changed Speed Passed N/A
Oil Cups Facing Up: Yes No Contractor Repaired Passed N/A
Fan Centered in Housing: Yes No Contractor Repaired Passed N/A
Coil: Dirty Clean Contractor Cleaned Passed N/A

OUTDOOR

Manufacturer of Heat Pump: _____
Model of Heat Pump: _____
Serial # of Heat Pump: _____

Elevated Above Snow Line: Yes No Contractor Repaired Passed N/A
Unit Level: Yes No Contractor Repaired Passed N/A
Insulated Vapor Pipe: Yes No Contractor Insulated Passed N/A
Refrigerant Leaks: Yes No Contractor Repaired Passed N/A
Refrigerant Charge Checked in What Mode: Heating Cooling
Refrigerant Charge Changed: Yes No

_____ PSIG Suction
_____ PSIG Discharge
_____ OAT ___RAT