



**New Jersey**  
**Home Performance with ENERGY STAR®**  
 Test-Out -2014



Customer: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contractor: \_\_\_\_\_  
 Technician: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Combustion Appliance Test-Out: MUST PASS ALL TESTING BEFORE SUBMITTING TO PROGRAM.**

**CAZ Depressurization Limit:** (Natural draft Individual DHW = -2) (Natural draft heater common with natural draft DHW = -3)  
 (Induced draft heater common with natural DHW = -5) (Power or Induced draft individual heater = -15) (Powered vented DHW = -15)  
**Minimum Draft at Outdoor Temp:** 20°=2.3pa 30°=2.0pa 40°=1.7pa 50°=1.5pa 60°=1.3pa 70°=1.0pa 80°=0.7pa 90°=0.5pa

- Worst Case:**  Bath exhaust Fans  Kitchen Exhaust  Clothes Dryer  Attic Powered Ventilators  Central Vacuum  
 Air Handler/s  Bed Doors (+ Closed/ - Open)  Basement Door  Other Interior Doors

**Combustion Appliance Zone:**

Base Pressure (Fans off) CAZ WRT Outside	Worst Case Pres. (Fans on) CAZ WRT Outside	Net Pressure Change (Worst-Case Pressure) (Base to Worst Case) (CAZ Depressurization)
Pa.	Pa.	Pa. <input type="checkbox"/> Pass <input type="checkbox"/> Fail requires repair

*Note: You **must** record the CO ppm and Draft pressure for testing below*

**Appliance Type:**  DHW  Heater  \_\_\_\_\_

<input type="checkbox"/> N/A- Power/ Sealed Vent	Spillage (<1 minute)	CO PPM (5 minutes) Undiluted	Draft Pa. (5 minutes) In Vent
<b>Worst Case (Fans On)</b>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail requires repair	ppm <input type="checkbox"/> Pass <input type="checkbox"/> Fail requires repair	pa <input type="checkbox"/> Pass <input type="checkbox"/> Fail requires repair

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<input type="checkbox"/> N/A- Power/ Sealed Vent	Spillage (<1 minute)	CO (5 minutes) Undiluted	Draft (5 minutes) In Vent
<b>Worst Case (Fans On)</b>	<input type="checkbox"/> Pass <input type="checkbox"/> Fail requires repair	ppm <input type="checkbox"/> Pass <input type="checkbox"/> Fail requires repair	pa <input type="checkbox"/> Pass <input type="checkbox"/> Fail requires repair

Other Appliances (write-in)	CO Undiluted	Vented to Outside	Appliance Result
	ppm	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Pass <input type="checkbox"/> Fail requires repair
<b>Oven</b> <input type="checkbox"/> None <input type="checkbox"/> Electric <input type="checkbox"/> Gas	ppm	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Pass <input type="checkbox"/> Fail requires repair
<b>Dryer</b> <input type="checkbox"/> None <input type="checkbox"/> Electric <input type="checkbox"/> Gas	Properly vented to outside (semi-rigid metal) and insulated if in unconditioned space.		<input type="checkbox"/> Pass <input type="checkbox"/> Fail requires repair
<b>Gas Meter and Fuel pipe leaks</b>	All leaks repaired and - No leaks detected		<input type="checkbox"/> Pass <input type="checkbox"/> Fail requires repair
<b>CO Detector</b>	At least one in home and homeowner is aware of		<input type="checkbox"/> Pass <input type="checkbox"/> Fail requires repair
<b>Exhaust fans</b>	Properly vented to outside with wall or roof termination/ pitched ¼ inch per foot upwards towards outside, and insulated if in unconditioned		<input type="checkbox"/> Pass <input type="checkbox"/> Fail requires repair

Customer: \_\_\_\_\_

**Home Performance with ENERGY STAR**

**Air Leakage/ BAS:**

House Volume	(0.35/ 60)	= Required CFM	Higher Number Note: (Required CFM) minus (Final BD #/ N)= mechanical vent fan CFM	N	
	X .0058	=			BAS
From Page # 2					
# Occupants	CFM	= Required CFM			
	X 15	=			X 0.70
				70% BAS	=

**Blower Door Test-In:**

Type of Testing	House Pressure	Pre- CFM <sub>50</sub>
<input type="checkbox"/> Depressurization <input type="checkbox"/> Pressurization	<input type="checkbox"/> 50 Pa <input type="checkbox"/> _____	

**Blower Door Test-out:**

Type of Testing	House Pressure	Post- CFM <sub>50</sub>
<input type="checkbox"/> Depressurization <input type="checkbox"/> Pressurization	<input type="checkbox"/> 50 Pa <input type="checkbox"/> _____	

Note: Maximum Air Leakage reduction for counting toward TES is 1000 CFM50. If the proposed Air Flow < Bas, you must recommend mechanical ventilation, if < 70% BAS- mechanical ventilation MUST be present before submitting as Completed to the Program.

**Mechanical Ventilation:**

<input type="checkbox"/> Proposed (>70% BAS)	<input type="checkbox"/> Existing	<input type="checkbox"/> Installed (<70% BAS)
Type:	<input type="checkbox"/> Energy Star Fan <input type="checkbox"/> HRV/ERV <input type="checkbox"/> HVAC Integrated <input type="checkbox"/> _____	
Location:	Brand:	Model #:
		CFM of Fan:

**Duct Systems:** (BPI Required If HVAC system duct newly installed or sealed)

**Pre Repairs Test:** System Location: \_\_\_\_\_

Duct Leakage to Outside: Type of Testing	Duct Test Pressure	Pre- CFM <sub>25</sub> Leakage to Outside
<input type="checkbox"/> Depressurization <input type="checkbox"/> Pressurization	Pa.	CFM

**Post Repairs Test:**

Airflow test Method	<input type="checkbox"/> TrueFlow Plate <input type="checkbox"/> Duct Blaster <input type="checkbox"/> _____	Post System Airflow	CFM
Duct Leakage to Outside: Type of Testing	Duct Test Pressure	Post- CFM <sub>25</sub> Leakage to Outside	
<input type="checkbox"/> Depressurization <input type="checkbox"/> Pressurization	Pa.	CFM	

**Refrigerant Charge: Cooling/ Heatpump:** Indoor Section Location: \_\_\_\_\_

<b>Refrigerant Charge:</b> <input type="checkbox"/> Fixed Orifice <input type="checkbox"/> TXV <input type="checkbox"/> Superheat <input type="checkbox"/> Sub-cooling <input type="checkbox"/> Approach			
<input type="checkbox"/> Weigh-in – Reason for weigh-in: _____			
Return Air Dry-bulb	Return Air Wet-bulb	Condenser Air Dry-bulb	Target (Superheat or Sub-Cooling)
°	°	°	°
	Gauge Pressure	Saturation Temperature	Line Temperature
Liquid Line	psi	°	°
Suction Line	psi	°	°

By signing this document, I attest that the above testing was performed in accordance with BPI Standards.

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_