

IBA Home Energy Conservation Program Heat Pump Form for Auditors & HVAC

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

EMERGENCY FOLLOW UP NEEDED Mobile Home Site Built

Manufacturer of Furnace: _____ Model of Furnace: _____

Serial # of Furnace: _____ Furnace Type: Upflow Down flow Horizontal Left Horizontal Right

ITEMS MARKED CONTRACTOR TO REPAIR & REPLACE MUST BE INCLUDED ON WORK ORDER

Initial Auditor: _____
Initial Audit Date: _____

Aux. Drain Pan?
 Yes No Replace Install

Kinks in Piping?
 Yes No Repair

Vapor Pipe Insulated?
 Yes No Insulate

Condensate Line Trapped?
 Yes No Repair Install

Describe Line Configuration & Termination:

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

Thermostat Level & Secure?
 Yes No Repair

Anticipator 2nd stage: Measured _____ Set At _____ Reset _____

Ducts Leaky/Disconnected?
 Yes No Repair

Ducts In Unconditioned Space Insulated?
 Yes No Contractor Repair N/A

Filter Clean? Filter Size:

Yes No Clean or Replace

Blower Wheel Clean?
 Yes No Clean

Blower Motor?
 Direct Drive Belt Drive Adjust Speed

Oil Cups Facing Up?
 Yes No Repair

Fan Centered in Housing?
 Yes No Repair

Coil Clean?
 Yes No Clean

Contractor: _____
Service Date: _____

Yes Repaired/Installed

No Repaired

Yes Insulate

Yes Repaired/Installed

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

Yes Repaired

No Repaired

Yes Repaired

Yes Cleaned or Replaced

Yes Cleaned

Speed Adjusted N/A

Yes Repaired

Yes Repaired

Yes Cleaned

Inspection Auditor: _____
Inspection Date: _____

Pass Fail N/A

Pass Fail N/A

Pass Fail N/A

Pass Fail N/A

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

Pass Fail N/A

Pass Fail N/A

Pass Fail N/A

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Pass Fail N/A

Pass Fail N/A

Pass Fail N/A

Pass Fail N/A

IBA HEC Heat Pump Form (continued)

Client Name: _____ Client/Job Application ID: _____

Auditor

Contractor

Inspection

OUTDOOR

Manufacturer of Heat Pump:

Model of Heat Pump:

Serial # of Heat Pump:

Elevated Above Snow Line?

Yes No Repair

Yes Repaired

Pass Fail N/A

Unit Level?

Yes No Level

Yes Leveled

Pass Fail N/A

Insulated Vapor Pipe?

Yes No Insulate

Yes Insulated

Pass Fail N/A