

Consultant*: _____
 Builder*: _____
 Test Date*: _____ BOP Date*: _____
 Building File No*: _____

SITE INFORMATION

Home Address*: _____ City*: _____ State*: ____ Zip*: _____
 Homeowner Name (if known): _____ Project Type*: EPACT National ENERGY STAR
 Housing Type: Single-Family Duplex Tri-Plex Four-Plex Condo End Inside
 Construction Type: Stick-Built ICF SIP Other: _____
 System Built / Modular – Name of Manufacturer: _____
 WESH Data Plate Yes - use grade indicated on data plate. No - use Grade III
 Electric Utility*: _____ Gas Utility*: _____ NG LP Oil
 * Required information

TESTING AND VERIFICATION

Air Tightness: When using the DG-3 or Magnehelic pressure gauge, a multiple point test and correlation coefficient are required.

Pressure Gauge: DG -700 DG-3 Magnehelic

Temperature °F: ___in/___out

Baseline pressures (not required with DG- 700): Start: ___ Pa End: ___ Pa

Correlation coefficient > = .99 (not required with DG- 700): _____

Conditioned floor area: _____ft² Building volume: _____ft³

Total exterior surface area (from Based on Plans): _____ft²

Tested cfm@50: _____ Ring: _____

House	Fan	Ring

Ventilation System Type: Exhaust fans Central Exhaust ERV/HRV Kitchen fan

Rated flow/watts:

*Spot exhaust fans used to provide overall house ventilation must have remote on/off switch located outside the bathroom (wired in parallel with local control switch) in order to qualify as whole house ventilation system.

Insulation Grades: Where completed please provide SV2 form for documentation (does not apply to modular homes)

Date verified (SV2): _____ (submit form) or list project ID of component sampled reference home: _____

Equipment verification: Provide name of manufacturer, model #, rated efficiency, and indicate type

Htg 1: _____ Model #: _____ AFUE: _____ ECM

Htg 2: _____ Model #: _____ AFUE: _____ Direct vent boiler

A/C 1: _____ Model #: _____ SEER: _____ Tons: _____

A/C 2: _____ Model #: _____ SEER: _____ Tons: _____

Water heater: _____ Model #: _____ EF: _____

Exterior duct leakage: (Optional) House pressure (w.r.t outside): _____ Duct pressure (w.r.t house): _____
 Flow plate: _____ Fan flow cfm (to zero out duct pressure): _____

Consultant's signature: _____ Date: _____