

Today's Date

Please E-mail Form

A/C Company Name	<input type="text"/>	Home owner	<input type="text"/>
Address	<input type="text"/>	TEST Address	<input type="text"/>
City State Zip	<input type="text"/>	City State Zip	<input type="text"/>
Phone#	<input type="text"/>	Cell Phone	<input type="text"/>
E-mail address	<input type="text"/>	Lic #	<input type="text"/>
Responsible person	<input type="text"/>	Title	<input type="text"/>
		Electric Co	<input type="text"/>
		Gas Co	<input type="text"/>

New Construction
 Alteration
 Residential
 Commercial
 # of ZONES

Installed Equipment
 Air Handler
 Heat Pump
 Condenser
 NEW SYS or Replaced SYS
 R410a

Paid by Contractor Homeowner
 Rater must observe vacuum Call before opening lines
 SEER EER Airflow CFM

Indoor Air Handler Model # Serial # BTU's

A/C or H/P make Model # Serial # Ton's

Area Served Permit # Date permit pulled

Sq foot of area served City pulled in Date completed

Expiration Date of Digital Refrigerant Scale Calibration Refrigerant weighed in by Installer (POUNDS)

Digital Thermometer and Temperature Sensor Calibration Refrigerant weighed in by Installer (OUNCES)

Measured Condenser air entering dry-bulb temperature Charge adjustment to standard charge from manufauresspecifications.

Specify the method of weigh-in

Manufacturer's standard charge for condenser POUNDS

Manufacturer's standard charge for condenser OUNCES

Manufacturer's Standard liquid line length (ft)

Manufacturer's Standard liquid line diameter (in)

Manufacturer's Standard indoor coil size (tons)

Installed liquid line length (ft)

Installed liquid line diameter (in)

Installed indoor coil size (tons)

Comments

HERS RATER TEST RESULTS

TEST Date

Time

Forms sent

Duct leakage CFM Pass Fail

Re-Test results Pass Fail

Single Family Multi Family

Paid Not Paid