

F21: RI WAP/IES HEATING SYSTEM EVALUATION REPORT

Every weatherized dwelling in RI shall have all HVAC systems evaluated by a licensed HVAC technician (limitations apply). HVAC evaluations and related services provided under the RIWAP, shall comply with the American National Standards Institute/Air Conditioning Contractors of America (ACCA) Standard-4 (2008). An RIWAP HVAC Evaluation Report shall be completed by a technician in conjunction with every evaluation performed and shall accompany any request for payment. RIWAP shall define an Evaluation as incorporating all Inspection, Maintenance, and Testing procedures mandated by ACCA Standard-4, as applicable per system type.

I. Job Information. All fields required.

Client Name: _____
Street Address: _____
City, Zip Code: _____
Technician Name: RAMON G LANTIGUA

Job Number: # 2934
Date Assigned: _____
Company Name: _____

II. System Identification. All fields required.

No. of Primary Systems Present: 1 No. of Unvented Space Heaters Present: 0

No. of Supplemental Systems Present 0

Are Unvented Space Heaters the Primary Heat Source? Yes No

Old Unit: Check all that apply

- | | |
|--|--|
| <input type="checkbox"/> Electric | <input type="checkbox"/> Forced Air |
| <input type="checkbox"/> Natural Gas | <input type="checkbox"/> Gravity |
| <input type="checkbox"/> Propane | <input checked="" type="checkbox"/> Boiler |
| <input checked="" type="checkbox"/> Oil | <input type="checkbox"/> Space Heater |
| <input type="checkbox"/> Kerosene | <input type="checkbox"/> Unvented Space Heater |
| <input type="checkbox"/> Solid Fuel (Wood, Coal, Pellet) | <input type="checkbox"/> Water Heater |

Oil steam w/ indirect

Brand/Trade Name US
Model No. N/A
Serial No. 12-B-4
Date Manufactured 1950
System Size _____ btu/ton/other
Location BASEMENT

New Unit: Check all that apply

- | | |
|--|--|
| <input type="checkbox"/> Electric | <input type="checkbox"/> Forced Air |
| <input type="checkbox"/> Natural Gas | <input type="checkbox"/> Gravity |
| <input type="checkbox"/> Propane | <input checked="" type="checkbox"/> Boiler |
| <input checked="" type="checkbox"/> Oil | <input type="checkbox"/> Space Heater |
| <input type="checkbox"/> Kerosene | <input type="checkbox"/> Unvented Space Heater |
| <input type="checkbox"/> Solid Fuel (Wood, Coal, Pellet) | <input type="checkbox"/> Water Heater |

Brand/Trade Name _____
Model No. _____
Serial No. _____
Date Manufactured _____
System Size _____ btu/ton/other
Location BASEMENT

III. System Evaluation: Record results of Inspection, Maintenance, and Testing completed on each system type/component.

FP = Functioning Properly
 RR = Replacement Recommended

NR = Needs Repair
 CP = Cleaning Performed

COMPLETE FOR ALL SYSTEMS AS APPLICABLE

Description	Condition/Action Taken			
	FP	NR	RR	CP
Controls and thermostat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Disconnect	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Connections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cabinet/fasteners/panels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temperature rise _____ °F	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filter(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registers and duct boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zone controls and dampers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main trunk line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Duct insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fan belt tension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blower assembly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contacts/relays/capacitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fan on/off temperatures _____ °F _____ °F				

COMPLETE FOR CENTRAL ELECTRIC SYSTEMS

Description	Condition/Action Taken			
	FP	NR	RR	CP
Variable frequency drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Airflow across element(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Air handler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Element(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMPLETE FOR OIL FURNACES

Description	Condition/Action Taken			
	FP	NR	RR	CP
Combustion chamber	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Burner gaskets	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Retention head	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ceramic insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Electrode positioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clean combustion air inlet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burner head/nozzle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vent connectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat exchanger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test inducer fan motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test blower assembly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oil pressure (measure/adjust)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oil pump pressure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel pump pressure cutoff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary burner safety control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Combustion intake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition of liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photocell resistance _____Ω		<input type="checkbox"/> Pass		<input type="checkbox"/> Fail
Replace oil burner nozzle*		<input type="checkbox"/> Yes		<input type="checkbox"/> No
Replace fuel filter*		<input type="checkbox"/> Yes		<input type="checkbox"/> No
Chimney lined?		<input type="checkbox"/> Yes		<input type="checkbox"/> No
Oil residue in chamber?		<input type="checkbox"/> Yes		<input type="checkbox"/> No
Bleed oil line*		<input type="checkbox"/> Yes		<input type="checkbox"/> No
Evidence of flame rollout?		<input type="checkbox"/> Yes		<input type="checkbox"/> No
Ignition transformer voltage _____V		<input type="checkbox"/> Yes		<input type="checkbox"/> No
Distance from combustibles		<input type="checkbox"/> Pass		<input type="checkbox"/> Fail
Vent type correct for furnace?		<input type="checkbox"/> Yes		<input type="checkbox"/> No
Vent meets code (1/4" rise per foot)		<input type="checkbox"/> Yes		<input type="checkbox"/> No
Cu. Ft. of Utility Area: _____				
Make-up Air Required?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Liner Required?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

*REQUIRED MAINTENANCE ITEMS

COMPLETE FOR HYDRONICS LOOP BOILERS

Description	Condition/Action Taken			
	FP	NR	RR	CP
Pressure reducing valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bladder expansion tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition of plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMPLETE FOR ALL VENTED FUEL-FIRED SYSTEMS

Ambient CO 0 PPM _____ ppm
 Spillage Test Pass Fail Not applicable
 Worst case CAZ +4 _____ Pa
 Draft (at worst case) NA _____ Pa
 Ambient Temperature 55 _____ °F
 CAZ volume (if applicable) 88424 _____ ft3
 Additional venting needed _____ in2
 Pressure switch _____ Pass Fail Not applicable

Before
 Steady state efficiency #3 Smoke %
 CO _____ ppm
 O2 _____ %
 CO2 _____ %
 Stack Temperature _____ °F

After
 Steady state efficiency _____ %
 CO _____ ppm
 O2 _____ %
 CO2 _____ %
 Stack Temperature _____ °F

IV. Declaration of System Compliance: Official summary of conditions post-Evaluation

System No. 1
 Passes Fails

System No. 2
 Passes Fails

Provide a detailed description of deficiencies identified in each failed system (continue on back if additional space is needed):

This heating unit IS original to the house in very bad shape. Burned through jacket. Client went to multiple repairs and parts no longer available. Heating tech recommended to get it replaced. This is a tank-less unit that will be replace with indirect DHW.

