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: _____ Job Number: #2980
Street Address: _____ Date Assigned: _____
City, Zip Code: _____ Company Name: _____
Technician 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

☐ Electric	☐ Forced Air
☐ Natural Gas	☐ Gravity
☐ Propane	■ Boiler
■ Oil	☐ Space Heater
☐ Kerosene	☐ Unvented Space Heater
☐ Solid Fuel (Wood, Coal, Pellet)	☐ Water Heater

oil FHW - 3 section B&W

Brand/Trade Name AMERICAN -IDEAL(B&w)
Model No. 21
Serial No. 1BJ1
Date Manufactured 1942
System Size _____ btu/ton/other
Location BASEMENT

New Unit: Check all that apply

☐ Electric	☐ Forced Air
☐ Natural Gas	☐ Gravity
☐ Propane	■ Boiler
■ Oil	☐ Space Heater
☐ Kerosene	☐ Unvented Space Heater
☐ Solid Fuel (Wood, Coal, Pellet)	☐ 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	■	☐	☐	☐
Electrical Disconnect	☐	☐	☐	☐
Electrical Connections	☐	☐	☐	☐
Cabinet/fasteners/panels	☐	☐	☐	☐
Temperature rise _____ °F	☐	☐	☐	☐
Filter(s)	☐	☐	☐	☐
Registers and duct boots	☐	☐	☐	☐
Zone controls and dampers	■	☐	☐	☐
Main trunk line	☐	☐	☐	☐
Duct insulation	☐	☐	☐	☐
Fan belt tension	☐	☐	☐	☐
Blower assembly	☐	☐	☐	☐
Contacts/relays/capacitors	■	☐	☐	☐
Fan on/off temperatures _____ °F | _____ °F				

COMPLETE FOR CENTRAL ELECTRIC SYSTEMS

Description	Condition/Action Taken			
	FP	NR	RR	CP
Variable frequency drive	☐	☐	☐	☐
Airflow across element(s)	☐	☐	☐	☐
Air handler	☐	☐	☐	☐
Element(s)	☐	☐	☐	☐

COMPLETE FOR NATURAL GAS AND PROPANE FURNACES

Description	Condition/Action Taken			
	FP	NR	RR	CP
Gas leaks	☐	☐	☐	☐
Burner (corrosion, etc)	☐	☐	☐	☐
Burner test	☐	☐	☐	☐
Burner blow wheel	☐	☐	☐	☐
Main burner ignition	☐	☐	☐	☐
Heat exchanger	☐	☐	☐	☐
Hot surface ignition	☐	☐	☐	☐
Combustion chamber	☐	☐	☐	☐
Burner gaskets	☐	☐	☐	☐
Inlet gas pressure	☐	☐	☐	☐
Manifold pressure	☐	☐	☐	☐
Condition of chimney	☐	☐	☐	☐
Condensate piping/drain	☐	☐	☐	☐
Combustion air intake	☐	☐	☐	☐
Vent connectors	☐	☐	☐	☐
90+ unit pipe condition	☐	☐	☐	☐

Evidence of flame rollout? ☐ Yes ☐ No

Chimney lined? ■ Yes ☐ No

Distance from combustibles ■ Pass ☐ Fail

Vent system code compliant ■ Yes ☐ No

Fuel Usage (clock meter) _____ therms/h

Is usage within 10% of nameplate? ■ Yes ☐ No

Cu. Ft. of Utility Area: _____

Make-up air required? ☐ Yes ■ No

Liner required? ☐ Yes ☐ No

COMPLETE FOR HYDRONICS LOOP BOILERS

Description	Condition/Action Taken			
	FP	NR	RR	CP
Pressure reducing valve	☐	☐	☐	☐
Bladder expansion tank	☐	☐	☐	☐
Water pump	☐	☐	☐	☐
Condition of plumbing	☐	☐	☐	☐

COMPLETE FOR ALL VENTED FUEL-FIRED SYSTEMS

Ambient CO 0 ppm
Spillage Test ☐Pass ☐Fail ☐Not applicable
Worst case CAZ _____ Pa
Draft (at worst case) _____ Pa
Ambient Temperature 86 °F
CAZ volume (if applicable) _____ ft3
Additional venting needed _____ in2
Pressure switch _____ ☐Pass ☐Fail ■Not applicable

Before
Steady state efficiency #2 SMOKE %
CO _____ ppm
O2 NA %
CO2 NA %
Stack Temperature NA °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 is a BLACK AND WHITE SYSTEM (1942). At inspection it has a #2 smoke. As protocol all (B&W) systems is recommended for replacement.
NOTES:
- 3 section
- 281.5 lbs
- installed 1942.
- Thermostat, Fire-O-matic and system switches are operable.

V. MINOR Repairs Completed: *Authorized repairs completed at the time of Evaluation, beyond the mandated scope of services.*

Detailed Description of Minor Repairs Completed	Materials Installed			
	Material Description	QTY	Unit	Total Cost
	Estimated Labor Hours			

Comments:

Total Materials:	
Total Labor:	
Total Actual Cost:	

VI. Replacement Recommended: Must be fully justified by the description of the failure written above.

Detailed Description of Replacement Recommended	Estimated Material Costs			
	Material Description	QTY	Unit	Total Cost
	Estimated Labor Hours			

Comments:

Total Estimated Materials:	
Total Estimated Labor:	
Total Estimated Cost:	

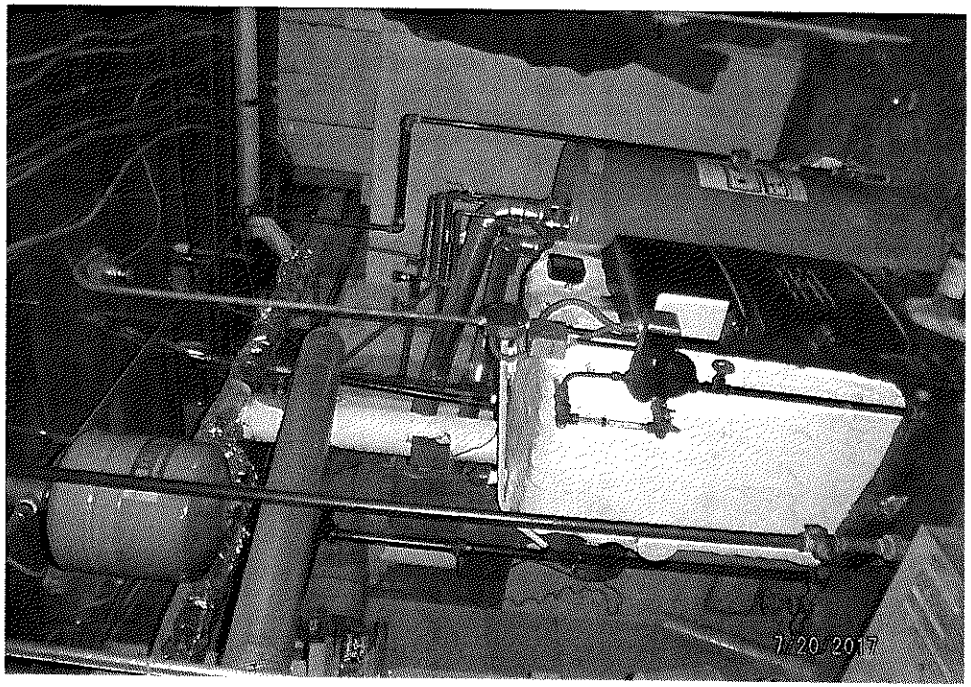
VII. Certification of Compliant Evaluation:

Technician Certification:
As an HVAC technician licensed by the State of Rhode Island, and as an employee~~/proprietor of~~
CCAP, I certify that I have personally evaluated all HVAC systems present in the subject dwelling, including all inspection, maintenance, and testing mandated under ACCA Standard-4. I understand that any subsequent services, for which the property owner/client may be eligible, shall be determined at the sole discretion of the CAP Agency, and neither I nor any representative of my firm, shall be at liberty to state or imply that additional services can, should, or will be provided. I further attest that the evaluation, report, and repairs performed (if any) are complete, accurate, and of good quality, in accordance with RIWAP guidelines.

Technician Printed Name: RAMON G LANTIGUA Date: 7/20/17
Technician Signature: Ramon G Date: 7/20/17

Property Owner Certification:
As owner of the property referenced herein, I understand and agree that I previously authorized the local CAP Agency to enlist the services of a licensed HVAC technician to evaluate and service the HVAC systems present in my dwelling on my behalf, as a requirement of the Weatherization Assistance Program services for which I may eligible. I understand that no warranty either expressed or implied shall accompany this evaluation, nor any repairs made hereunder, and that any subsequent services for which I may be eligible shall be determined at the sole discretion of the CAP Agency, in compliance with RIWAP standards and guidelines. I further certify that to the best of my knowledge, the evaluation as recorded in this report is now complete, and I agree and attest that the nature and quality of all work performed is acceptable to me.
Property Owner Printed Name: Roy K. Evans (Son) Date: 7/20/17
Property Owner Signature: Roy K Evans Date: 7/20/17


AMERICAN
VERN
7/20/2017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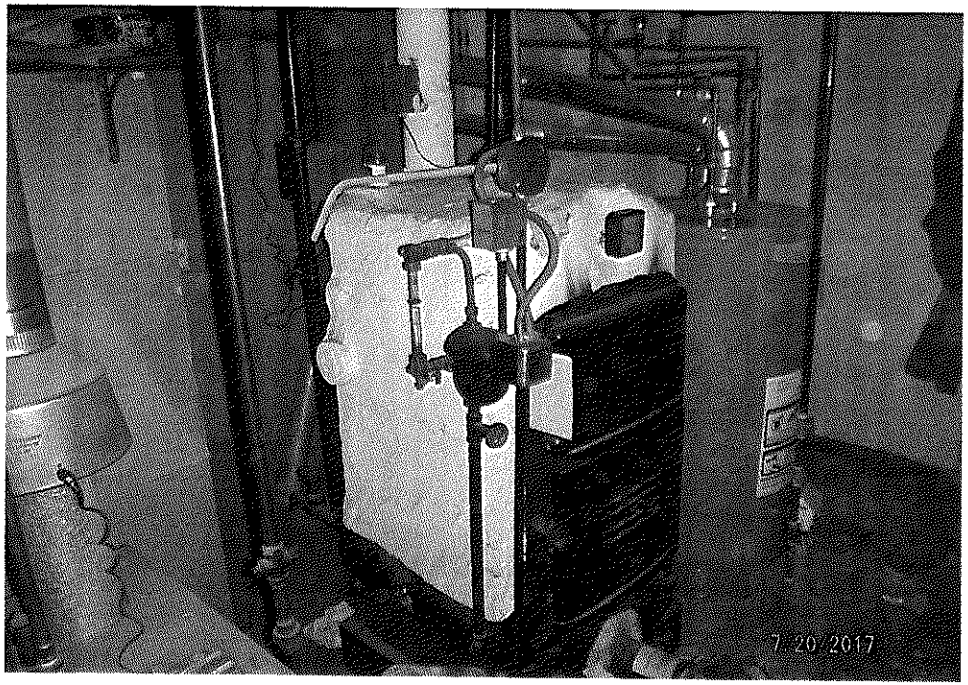
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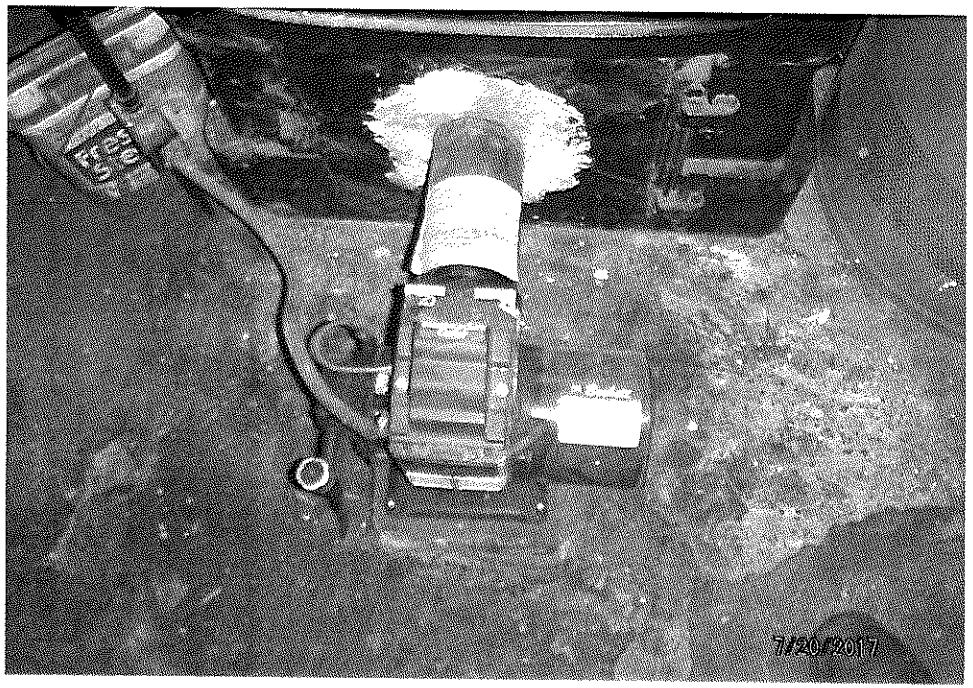
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