

PTCS™ Duct Sealing Certificate & NW Duct Sealing Form

Instructions: This form allows a certified duct sealing technician to certify a duct sealing installation as PTCS™ Duct Sealing. **Sections B, C, and D** must be filled out by the technician at the time of installation. A copy of this completed form must be promptly submitted to the utility and a copy provided to the home owner in accordance with utility policy. Also, **a copy must be faxed to Ecos Consulting at 877-848-4074.**

1 Technician Certification Number PTCS - _____		2 Installation Company/Name Electric Utility Company			3	
4 Customer Name				5 Site Street Address		
6 Site City	7 Site State	8 Site Zip Code	9 Site County	10 Site Phone Number () -	11 Duct Sealing Install Date / /	

SECTION A
SITE INFORMATION

PTCS™ Certification of Compliance – To be completed by technician at the time of installation

As a certified PTCS™ Duct Sealing Technician, I **certify** the Duct Sealing at this site and related equipment is in accordance with the standards set for the Performance Tested Comfort Systems (PTCS™) program.

PTCS™ Certified Technician Name (Print)

Date

PTCS™ Certified Technician Signature (Required)

PTCS™ Certified Technician Phone Number

12 Was this PTCS™ Duct Sealing/Certification performed in conjunction with a PTCS™ Heat Pump installation? (check one)			Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unknown <input type="checkbox"/>	13 Is this installation being submitted for Oregon State Energy Tax Credit?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
14 Funding Program (check one)		ENERGY STAR® Homes Northwest		Energy Trust of Oregon		(If submitting for ETO incentive, submit directly to HES Program)		Other	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
What type of heating fuel does the home use?			Electric <input type="checkbox"/>	Gas <input type="checkbox"/>	Wood <input type="checkbox"/>	Other <input type="checkbox"/> _____			

SECTION B
PTCS™ DUCT SEALING CERTIFICATE

Combustion Appliance Zone (CAZ) Test

If there are any combustion appliances at the site that are **NOT** a sealed combustion appliance, then a CAZ test is mandatory.

16 Baseline Pressure with reference to outside (all exhaust devices and air handler OFF) _____ Pa

With air handler ON, record gauge readings below		Internal Doors Open		Internal Doors Closed	
Zone Description		Reading	Net	Reading	Net
17 Zone 1		18 Pa	19 Pa	20 Pa	21 Pa
22 Zone 2		23 Pa	24 Pa	25 Pa	26 Pa
27 Zone 3		28 Pa	29 Pa	30 Pa	31 Pa

Net Depressurization Example
"Net" equals how much the pressure goes down when the air handler is turned ON (compared to baseline).

Air Handler ON Reading Air Handler OFF Baseline Reading

-3 Pa -2 **-1** 0 1 2 **3 Pa**

Net Depressurization is **-4 Pa**

For systems to qualify, the air handler must cause no more than a -3 Pa net depressurization in any zone. Does this system qualify? (check one)

Yes No

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33 If the CAZ test results in remedial action, describe actions taken in space provided. _____

34 What were the conditions at the time the test was conducted? (check one)		Calm <input type="checkbox"/>	Windy <input type="checkbox"/>	An UL® approved Carbon Monoxide Detector is required when a combustion space heating appliance is located in a conditioned space. Is there a functioning UL® approved Carbon Monoxide Detector in the home?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
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SECTION C
COMBUSTION APPLIANCE ZONE (CAZ) TEST

PRIVACY ACT STATEMENT

Basic authority for collecting this information is authorized by 16 U.S.C. §§ 832 et. seq., 838 et. seq., and 839 et. seq., pursuant to Bonneville Power Administration's Conservation Program system of records established in 46 FR 31700. This information is primarily intended to further, but is incidental to the performance of, BPA's overall Energy Efficiency Program, the objective of which is to acquire energy resources through energy efficiency, to determine what cost-effective conservation and direct application renewable resource measures should be installed or adopted under different circumstances, and to provide incentives for the installation of such measures.

Other routine uses of this information include: aggregation into a public database on energy efficiency; furnished to authorized personnel for installation/repair of equipment; aggregated into a database for program publicity; and in some instances information regarding buildings will be made available to subsequent purchasers of the buildings. Your disclosure of the requested information is voluntary, however failure to provide requested information means that it will not be possible for you to participate in this BPA Energy Efficiency program.

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Duct Sealing Data
To be completed by certified technician at time of installation

What type of heating system is installed at this site? (check one)

Electric Forced Air <input type="checkbox"/>	Electric Forced Air w/ AC <input type="checkbox"/>	Heat Pump <input type="checkbox"/>	Non-Electric Space Heating <input type="checkbox"/>	Other <input type="checkbox"/>
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Heated floor area of house (square feet) House Type (check one)

	Site Built <input type="checkbox"/>	Manufactured Home <input type="checkbox"/>
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Blower Door Test

Whole House (CFM50)	Ring (A,B,C)	Pressure
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Duct Leakage Test – Fill in appropriate column

	New Construction	Existing Home New Ducts	Existing Home Existing Ducts	Manufactured Home
Pre CFM @ 50 Pa			50	57
Final CFM @ 50 Pa	40	45	51	58
Reduction			52	59
Type of Test (check one)	Total <input type="checkbox"/> Exterior <input type="checkbox"/>	Total <input type="checkbox"/> Exterior <input type="checkbox"/>	Exterior <input type="checkbox"/> Supply Only <input type="checkbox"/>	Exterior <input type="checkbox"/>
Compliance Path (check one)	6% with AH <input type="checkbox"/> 4% no AH <input type="checkbox"/>	10% <input type="checkbox"/>	50% Reduction (reduction CFM / pre-CFM) <input type="checkbox"/> 10% (final CFM / Sq Ft) <input type="checkbox"/>	61 <i>Pre-condition (check one)</i> Single wide > 100 CFM <input type="checkbox"/> Double wide > 150 CFM <input type="checkbox"/> <i>Post Sealing</i> 50% Reduction (reduction CFM / pre-CFM) <input type="checkbox"/>
Target CFM @ 50 Pa	43	48	55	63
Is Final CFM less than Target CFM?	44 Yes <input type="checkbox"/> No <input type="checkbox"/>	49 Yes <input type="checkbox"/> No <input type="checkbox"/>	56 Yes <input type="checkbox"/> No <input type="checkbox"/>	64 Yes <input type="checkbox"/> No <input type="checkbox"/>

**SECTION D
DUCT SEALING DATA**

	Pre Test	Post Test
House Pressure	Pa	Pa
Duct Pressure	Pa	Pa
Fan Pressure	Pa	Pa
Ring (0,1,2, or 3)		
Leakage	CFM 50	CFM 50
Test Fan Location		
Pressure Tap Location		

**SECTION E – QA / QC INFO
(Required)**

Notes – Attach additional sheets if necessary

**SECTION F
NOTES**