

CENTRAL HEATING IMPROVEMENT PROGRAM (CHIP)  
**CAA HEAT PUMP INSPECTION CHECKLIST**

HEAT Job #: \_\_\_\_\_ CAA: \_\_\_\_\_  
 Property Owner: \_\_\_\_\_ Inspector: \_\_\_\_\_  
 Property Address: \_\_\_\_\_ Inspect Date: \_\_\_\_\_  
 Dwelling Type:  SF  Manufactured Home Vendor: \_\_\_\_\_

Heat Pump System		
	Outside Component	Inside Component
Make/Manufacturer		
Model		
Serial #		
Component Location		
Thermostat Location		

Installation Review	Pass	Fail	NA	Corrective Action Required	RESOLVED/ Date
1. Only one heat pump system installed in dwelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
2. In compliance with the vendor quote and work order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
3. Mounted in an unobstructed location on <input type="checkbox"/> brackets <input type="checkbox"/> stand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
4. Component location maximizes energy efficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. Rain cap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
6. Duct covers sealed (prevents pest entry)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
7. Duct covers level or plumb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
8. Insulation full length of refrigerant lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
9. No exposed copper lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
10. No evidence of compressor oil from unit/line set	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
11. Exterior and interior components level and accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
12. Wireless remote control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
13. Electrical work complete (per work order)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
14. Electrical panel/service box labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
15. Thermostat in acceptable location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
16. Thermostat properly installed and working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
17. System run in heating/cooling mode	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Homeowner Interview	Pass	Fail	NA	Corrective Action Required	RESOLVED/ Date
18. Received heat pump manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
19. Received Introduction to Heat Pumps and User Tips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
20. Shown how to clean indoor filters, outdoor coils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
21. Shown how to use heat pump controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
22. Shown how to address error messages / corrective actions					
23. Given vendor contact information for service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
24. Received Heat Pump Client Satisfaction Survey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

**Comments**

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**I (the CAA Inspector) certify that the heat pump materials and measures were properly installed in accordance with the work order and that installation was completed in accordance with *CHIP Guidance and Procedures*.**

CAA Inspector (*signature*) \_\_\_\_\_ Date \_\_\_\_\_