

HEAT PUMP VENDOR INSPECTION CHECKLIST

HEAT Job #: _____
 Property Owner: _____
 Property Address: _____
 Dwelling Type: SF Manufactured Home

AGENCY: _____
 Vendor: _____
 Review Date: _____
 Vendor Inspector: _____

INSTRUCTIONS: Check boxes to confirm that each requirement has been met. A signed copy must accompany the Vendor's invoice.

| HEAT PUMP SYSTEM | | |
|---------------------|-------------------|------------------|
| | Outside Component | Inside Component |
| Make/Manufacturer | | |
| Model | | |
| Serial # | | |
| Component Location | | |
| Thermostat Location | | |

| REGISTERED VENDOR INSPECTION |
|------------------------------|
|------------------------------|

Outdoor Unit

- | | |
|--|--|
| 1. <input type="checkbox"/> Greater than or equal to 18" above ground 2. <input type="checkbox"/> Unobstructed airflow 3. <input type="checkbox"/> Level 4. <input type="checkbox"/> Does not interfere with walkway, porch, window or door | 5. <input type="checkbox"/> Installed at serviceable height 6. <input type="checkbox"/> Secured to wall or stable base 7. <input type="checkbox"/> Protected by rain cap (if installed under roof drip line) |
|--|--|

Line Set

8. Line set purged with nitrogen, pressure tested & evacuated with pump per mfg.'s instructions
 9. Refrigerant added, if required by manufacturer:

| | | |
|-----------------------------|--------|--------|
| <input type="checkbox"/> NA | Pounds | Ounces |
| | | |

10. Pressure Test

| | MFG Guideline | Actual |
|----------------------------|---------------|--------|
| Pressure (PSI) | | |
| Duration (minutes) | | |
| # of evacuations performed | | |
| Vacuum level (microns) | | |

11. Line set lengths (feet)

| | MFG Guideline | | Actual |
|--------------------|---------------|---------|--------|
| | Maximum | Minimum | |
| Standard length: | | | |
| For factory charge | | | |

- | | |
|---|--|
| 12. <input type="checkbox"/> Floor/wall/ceiling penetrations sealed 14. <input type="checkbox"/> Flare connections tightened using manufacturer's torque specification 15. <input type="checkbox"/> Visible line sets run through line set covers with transition and termination fittings 16. <input type="checkbox"/> Insulation covers full length of line sets (no exposed copper) | 13. <input type="checkbox"/> Condensate line installed without dips or traps |
|---|--|

Indoor Unit

17. Level
 18. Adequate clearances for services and operation
 19. System was run in both heating and cooling modes to ensure proper operation

Electrical Work

20. Breaker service devise clearly labeled
 21. All electrical work performed by licensed electrician or as authorized by Electrician's Board
 22. Disconnect box wiring shock risk reduced by lock, strap tie and/or box that provides other means of protection

Vendor must submit the completed Vendor Inspection Checklist to the CAA with invoice for payment.

Registered Vendor Signature: _____ Date _____

HOMEOWNER

23. I have been supplied with an Owner's Manual for the heat pump and vendor's contact information.
 24. I have been taught how to turn the heat pump on and off, clean the filter, switch between heating and cooling modes, change the temperature set-point, adjust airflow direction and call for services.
 25. Noise and vibration levels are acceptable. 25. Line set covers are aesthetically acceptable.

Homeowner Signature: _____ Date _____

