



Prescriptive Duct Sealing Form

All sections must be filled out, signed, and dated by a Prescriptive Certified Technician at the time of installation. A copy of the completed form must be promptly submitted to the utility and homeowner in accordance with utility policy. Please enter this form online at ptcs.bpa.gov or fax to 877-848-4074. Questions? Call 800-941-3867 or email ResHVAC@bpa.gov.

Site Information (Please print clearly)

Certified Tech #	Certified Tech Name	Install Date	Electric Utility
Customer Name		Installation Site Address*	
Site City*	Site State*	Site Zip*	Customer Phone # () -
<i>*Mailing address if different (#, City, St, Zip):</i>			
Home Type: <input type="checkbox"/> Existing Site Built <input type="checkbox"/> Manufactured: # of Sections <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3			
Heated Area: Sq Ft	Year Built:	Foundation Type (Site Built): <input type="checkbox"/> Crawlspace <input type="checkbox"/> Full Basement <input type="checkbox"/> Half Basement <input type="checkbox"/> Slab	
Existing Heating System:			# Supply
<input type="checkbox"/> Elec. Forced Air <input type="checkbox"/> Elec. Forced Air w/ AC <input type="checkbox"/> Elec. Zonal <input type="checkbox"/> Air Source Heat Pump <input type="checkbox"/> Geothermal Heat Pump <input type="checkbox"/> Natural Gas Furnace (Gas Company: _____) <input type="checkbox"/> Other Non-Elec. Space Heating: _____			# Returns
Back up Heat: <input type="checkbox"/> None <input type="checkbox"/> Elec. Forced Air <input type="checkbox"/> Elec. Zonal <input type="checkbox"/> Heat Pump <input type="checkbox"/> Natural Gas Furnace <input type="checkbox"/> Non-Elec. Space Heating			
Location of Duct Work. Ducts are considered to be in unconditioned space when they are in vented crawlspaces, attics, and unheated garages. Basements are considered conditioned space. The bellies of manufactured homes are considered accessible.			
Qualifying Characteristics: <i>Home must meet one condition from each (A) and (B) to qualify.</i>			
(A) Ducts in Unconditioned Space? (Select one): <input type="checkbox"/> At least 30% of the supply ducts are in unconditioned space and accessible, OR <input type="checkbox"/> There are high operating pressure leaks in unconditioned space (i.e. plenum).			
(B) Justification for Duct Sealing? (Select one): <input type="checkbox"/> Ducts are not listed in the online registry as PTCS certified or Prescriptively sealed, OR <input type="checkbox"/> Ducts were pre-approved for prescriptive sealing by the electric utility.			

Installation Checklist

All work must be completed to the Prescriptive Duct Sealing Specification found at bpa.gov/goto/reshvac.

Duct Repair
Select all issues repaired: <input type="checkbox"/> No repairs done <input type="checkbox"/> Large gaps in sheet metal <input type="checkbox"/> Rusted portions <input type="checkbox"/> Missing sections Metal Ducts: <input type="checkbox"/> None present OR <input type="checkbox"/> All are fastened (e.g. 3 metal screws at each connection where required) Flex Ducts connections: <input type="checkbox"/> No flex duct present OR <input type="checkbox"/> All flex ducts are joined to a section of rigid duct of matching diameter Flex Duct liners: <input type="checkbox"/> No flex duct present OR <input type="checkbox"/> Interior and exterior liners of flex duct connections are secured
Duct Support and Connections
Duct support: <input type="checkbox"/> Ducts did not require support OR <input type="checkbox"/> Duct supports were added Ground contact: <input type="checkbox"/> No duct work touches ground OR <input type="checkbox"/> Closed-cell rigid insulation is under the ducts to prevent contact Boots are mechanically fastened to the subfloor: <input type="checkbox"/> Y <input type="checkbox"/> N
Duct Sealing
All accessible portions of the duct which require sealing are sealed with approved materials. This includes pulling insulation off where opportunities exist. Examples of opportunities: Plenum; Air-handler cabinet to plenum; Plenum-to-take-off connections; Finger/dovetail joints; Branch T's, Y's and L's; Duct-to-duct connections; and Gores on adjustable elbows. <input type="checkbox"/> Y <input type="checkbox"/> N Return was (select one): <input type="checkbox"/> Sealed OR <input type="checkbox"/> In conditioned space and not sealed OR <input type="checkbox"/> Not accessible and not sealed
Duct Insulation <i>Select one:</i>
<input type="checkbox"/> Ducts were not insulated OR <input type="checkbox"/> Existing duct insulation was re-installed OR <input type="checkbox"/> New insulation was installed
Manufactured Homes <i>Select all that apply:</i>
<input type="checkbox"/> Belly was accessed <input type="checkbox"/> Cross over repairs were made <input type="checkbox"/> New cross-over was installed <input type="checkbox"/> End caps installed and sealed

Combustion Appliances

Are there any combustion appliances in the home? <input type="checkbox"/> Y <input type="checkbox"/> N	Combustion Appliance Type: <input type="checkbox"/> Fireplace or wood stove <input type="checkbox"/> Gas Furnace <input type="checkbox"/> Gas water heater <input type="checkbox"/> Other: _____
Is there a UL-approved and functioning CO detector installed in the home? <input type="checkbox"/> Y <input type="checkbox"/> N	A carbon monoxide (CO) detector installed in the home is required in all cases where a sealed or non-sealed combustion appliance is located in a conditioned space or attached structure i.e. garage. RECOMMENDED CO detector specifications: UL 2034/CSA 6.19-01, digital display, peak CO memory and recall.

Notes

Required Signatures: To be filled out by the electrical utility account holder. This form must be signed by the person whose name appears on the electric utility account. ENERGY INFORMATION RELEASE: The undersigned utility customer requests and authorizes the specified utility to release billing and usage information for the account listed below to the PTCS program. With this authorization, the PTCS program can request billing information for up to two years pre-installation and two years post-installation. The utility customer also hereby releases the utility company from any and all liability arising from or connected with providing this information.

Electric Utility	Account #	
Account Holder Name		
Account Holder Signature	Date	
By signing below, technician certifies that this form and any accompanying documentation are complete and accurate, and that all measures associated with this project were completed as of the signature date below.		
Technician Name	Installation Company	Tech Phone # () -
Technician Signature		Date

PRIVACY ACT STATEMENT

Basic authority for collecting this information is authorized by 16 U.S.C. §§ 832 et. seq., and 838 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 resources measures should be installed or adopted under different circumstances, and to provide incentives for the installation of such measures. Other routine issues 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.