

## Field Installation Report – Duct Efficiency

**Project Sponsor Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
ST: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Customer Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST: TX Zip Code: \_\_\_\_\_  
Daytime Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
**ESI ID:** \_\_\_\_\_  
**Heating Type:**  Gas  Electric  Heat Pump

**Duct Efficiency Information:**

Air Conditioner Size (tons) \_\_\_\_\_ Brand: \_\_\_\_\_ Model # \_\_\_\_\_  
Floor Area Served by Improved Duct System (sq. ft.): \_\_\_\_\_  
Air Handler:  Conditioned  Unconditioned Space  
Air Handler Location:  Attic  Closet  Garage  Other \_\_\_\_\_  
Type Duct System:  Flex  Duct Board  Sheet Metal  Combination  
Carbon Monoxide Reading (Pre) \_\_\_\_\_  
Duct Leakage before Retrofit (CFM) \_\_\_\_\_  
Number of Supply Vents Sealed from Inside Conditioned Space: \_\_\_\_\_  
Locations: \_\_\_\_\_  
Number of Supply Vents Sealed from Attic: \_\_\_\_\_  
Locations: \_\_\_\_\_  
Number of Ductwork Joints Sealed: In Attic: \_\_\_\_\_  
In Other Unconditioned Space: \_\_\_\_\_  
Sealed Plenum: Supply:  Yes  No  
Return:  Yes  No  
Sealed Air Handler Cabinet/Closet?  Yes  No  
Carbon Monoxide Reading (Post) \_\_\_\_\_  
Duct Leakage after Retrofit (CFM) \_\_\_\_\_  
Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
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