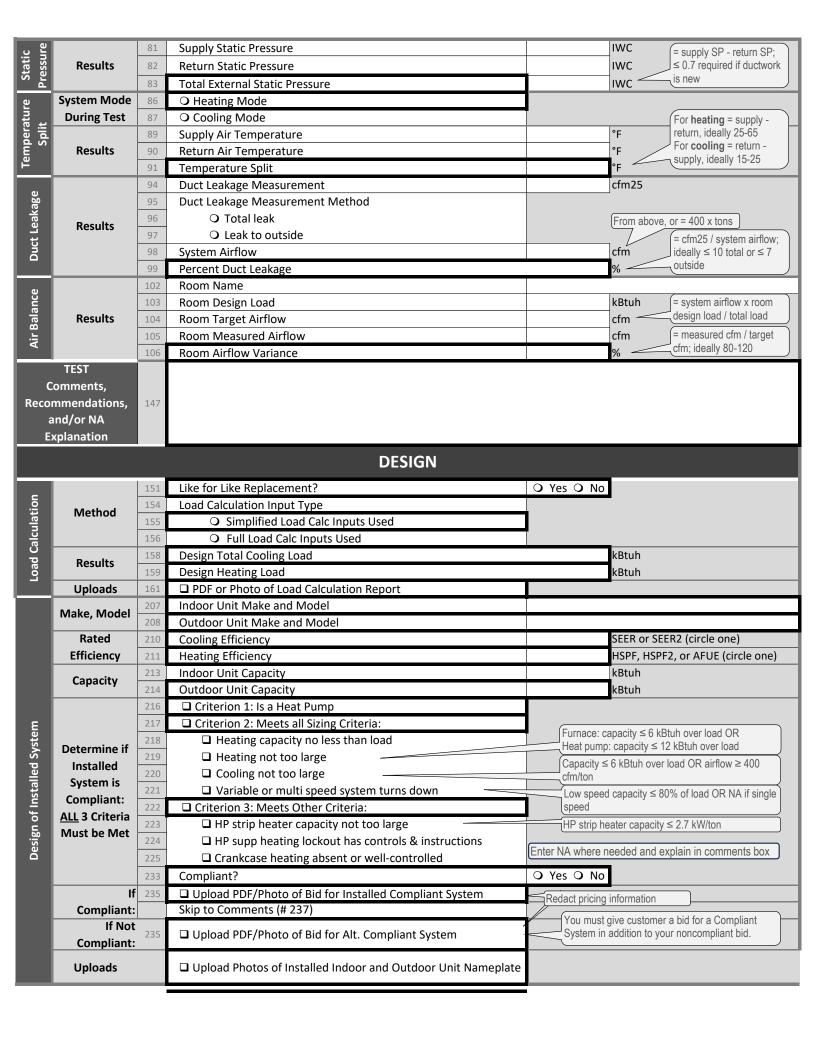
| This form is to be completed only by contractors officially enrolled in the Quality HVAC program who have successfully completed the QI-II Technical Training. |                |          |  |   |  |  |
|--|----------------|----------|--|---|--|--|
| QUALITY  |                | <b>^</b> | Quality HVAC Program   Quality Installation Tier II Checklist                  |   |  |  |
|  |                |          | Company Name & CSLB Number:  |   |  |  |
| Residential HVAC Services  |                |          | Household Last Name & Street Number:   |   |  |  |
|  |                |          | Customer email:  | Service Date:   |  |  |
| <u> </u>   |                |          |  |   |  |  |
|  |                |          | prehensive checklist is to be completed onsite and uploade                     |   |  |  |
|  |                |          | ust be reviewed with and signed off by the customer. This o                    | _   |  |  |
|  |                |          | ality Service Report you will get by email. The key findings r                 | nust also be entered in the online form at                  |  |  |
| http   | s://frontieren | ergy.    | formstack.com/forms/qi_ii  |   |  |  |
|  |                |          | INSPECTIONS  |   |  |  |
|  |                | 4        | O No Further Attention Needed on Attic Insulation                              | All sections must be completed. If they are Not             |  |  |
| ion  |                | 5        | ☐ NA – no attic / not accessible   | Applicable, write "NA" and add an explanation in            |  |  |
| ulat   |                | 6        | ☐ Adequate and in good condition   | the comments box.   |  |  |
| Ins  | Results        | 7        | □ Needs minor adjustments  | Remember, boxed values must be entered online               |  |  |
| Attic Insulation   |                | 8        | ○ Further Attention May Be Needed on Attic Insulation  □ Needs more insulation | Nemember, boxed values must be entered orinine              |  |  |
| ٨  |                | 9        | ☐ Needs more insulation ☐ Needs replacement                                    |   |  |  |
|  |                | 12       | O No Further Attention Needed on Duct Insulation                               |   |  |  |
|  |                | 13       | □ NA – ductless system   |   |  |  |
| u  |                | 14       | □ NA – ducts not accessible  |   |  |  |
| lati   |                | 15       | ☐ Ducts in conditioned space   |   |  |  |
| nsu  | Results        | 16       | ☐ Adequate and in good condition   |   |  |  |
| Duct Insulation  |                | 17       | Vapor barrier has only minor tears or gaps                                     |   |  |  |
| ۵  |                | 18       | O Further Attention May Be Needed on Duct Insulation                           |   |  |  |
|  |                | 19       | ☐ Inadequate or in very poor condition   |   |  |  |
| _  |                | 20       | ☐ Vapor barrier has significant tears/gaps or no barrier                       |   |  |  |
|  |                | 22       | O No Further Attention Needed on Air Filter                                    |   |  |  |
|  |                | 23       | <ul><li>□ NA – no filter needed</li><li>□ Filters are adequate</li></ul>       |   |  |  |
| ter  |                | 25       | ☐ Minor fouling  |   |  |  |
| Air Filteı   | Results        | 26       | O Further Attention May Be Needed on Air Filter                                | 1   |  |  |
| ΙĒ   |                | 27       | ☐ Extremely fouled   |   |  |  |
|  |                | 28       | ☐ No filter  |   |  |  |
|  |                | 29       | ☐ Undersized for system  |   |  |  |
| _  |                | 31       | O No Further Attention Needed on Ventilation Mechanism                         |   |  |  |
| nisn   | Results        | 32       | ☐ All bathrooms have fans and kitchen hood works and                           |   |  |  |
| cha  |                | 0.0      | exhausts to outside  |   |  |  |
| Me   |                | 33       | ☐ Has ERV or HRV☐ HVAC has outside air duct                                    |   |  |  |
| Ventilation Mechanism  |                | 35       | O Further Attention May Be Needed on Vent. Mechanism                           |   |  |  |
| ilat   |                |          | ☐ Some bathrooms have no operating fans or don't exhaust                       |   |  |  |
| ent/   |                | 36       | to outside   | Enter anything the customer should                          |  |  |
|  |                | 37       | ☐ Kitchen hood not functioning/doesn't exhaust outside                         | know and explain anything that is                           |  |  |
| 11   | NSPECTION      |          |  | Not Applicable (NA)   |  |  |
| C  | Comments,      |          |  |   |  |  |
| Recommendations,   |                | 72       |  |   |  |  |
| and/or NA  |                |          |  |   |  |  |
| Explanation  |                |          |  |   |  |  |
| TESTS  |                |          |  |   |  |  |
| E >  |                | 76       | Total Airflow  | cfm   |  |  |
| System<br>Airflow  | Results        | 77       | System Capacity  | tons = total airflow / system                               |  |  |
|  |                | 78       | Normalized Airflow   | cfm/ton <apacity; 350<="" ideally="" td="" ≥=""></apacity;> |  |  |



| DESIGN Comments, Recommendations, 237 and/or NA |                                      | 237   |  |  |
|---|--------------------------------------|---|--|--|
| Explanation                                     |                                      |   |  |  |
|   |                                      |   | ADJUSTMENTS  |  |
| Thermostat and Programming                      | Talked to<br>Occupant<br>About       | <ul><li>241</li><li>242</li><li>243</li><li>244</li></ul> | <ul> <li>□ Thoughts on Current Thermostat and Settings</li> <li>□ Current Strategies for Controlling Temperatures</li> <li>□ Interest in Advanced Strategies</li> <li>□ Recommended Thermostat Schedule</li> </ul> | Including Demand Response, Setbacks, Precooling, Thermostat Eco Modes.                   |
|   | Adjusted and Confirmed               | <ul><li>245</li><li>247</li><li>248</li></ul>             | <ul> <li>□ Other Recommendations, ex. Thermostat Upgrade</li> <li>□ Checked Sensor Calibration and Adjusted as Needed</li> <li>□ Reviewed Programming</li> </ul>   |  |
|   | Scheduled<br>Program                 | 250<br>251<br>252   | <ul> <li>□ NA – Not Needed, Already Efficiently Programmed</li> <li>□ Offered but Customer Declined</li> <li>□ Thermostat Schedule Programmed</li> </ul>   |  |
|   | Programming & Overrides              | 254<br>255  | <ul> <li>Offered Instruction but Customer Declined</li> <li>Programming and Override Instruction Provided</li> </ul>   |  |
|   | Setup App or<br>WiFi                 | 259<br>260  | <ul><li>☐ Offered Assistance but Customer Declined</li><li>☐ Assisted Customer in Installing or Connecting App</li></ul>   |  |
| Heat<br>Pump                                    | Uploads<br>Settings                  | 262   | □ PDF or Photo of Recommended or Final Programming  Supplementary Heating OAT Lockout Setpoint   | °F   |
| π ₹   | Evacuation                           | <ul><li>266</li><li>269</li><li>270</li></ul>             | Defrost Delay Timer Setting  Measured Vacuum  Measured Vacuum After Five-Minutes   | Minutes $<$   Ideally ≥ 90    Microns $<$   Ideally ≤ 500    Microns $<$   Ideally ≤ 800 |
|   | Lvacuation                           | 271   | Time Since Last Vacuum Pump Oil Change   | Days Ideally after each use  |
|   |                                      | 273   | O Weigh-In Method was Used for Charge Verification   | If Charge Test was used, go to line 284  If checked, must provide actual lineset length; |
|   | Charging Data                        | <ul><li>275</li><li>277</li></ul>                         | ☐ New Lineset Added  Manufacturer's Standard Lineset Length  | if not, may provide estimated length  Feet   |
| Evacuation and Charging                         | ***IF***<br>WEIGH-IN                 | 278<br>279  | List of Lineset Segments Total Lineset Length  | Direction/Feet Feet Also enter in Row 294  |
|   | METHOD USED                          | 280<br>281<br>282   | Target Charge Weigh-In Adjustment Refrigerant Scale Reading Before Adjusting Refrigerant Scale Reading After Adjusting   | #lb:oz = Reading before - reading after; ideally = target                                |
|   | Chausing Data                        | 283<br>284<br>285   | Measured Charge Weigh-In Adjustment  O Charge Test Method was Used for Charge Verification  Metering Device  | ±lb:oz Also enter in Row 295  If Weigh-In was used, go to line 294                       |
|   | Charging Data  ***IF***  CHARGE TEST | 286<br>287<br>289   | <ul> <li>→ TXV/EXV subcooling test was done</li> <li>→ Fixed orifice superheat test was done</li> <li>Was Lowest Outdoor Air Temperature &lt;55°F?</li> </ul>  | Also enter in Row 294  = refrigerant line temp - saturation temps: Ideally               |
|   | METHOD USED                          | 291<br>292  | Target Subcool or Superheat  Measured Subcool or Superheat   | saturation temps; Ideally ±5°F of target; Also enter in Row 295                          |
|   | Charging<br>Targets and              | 294<br>295  | Charging Target Measured Charge  | ±lb:oz for weigh-in adjustment,<br>OR °F for SC or SH                                    |
|   | Results                              | 296<br>298<br>299   | ☐ Charge Data Included in System Manual Refrigerant Type Cannister Weight Before Adjustment  | lb:oz Pooding hefere   |
|   | Refrigerant                          | 300<br>301<br>302   | Cannister Weight After Adjustment  Amount of Refrigerant Added or Recovered  Upload Photo of Scale After Charging, or Final SC/SH  | B:oz   = Reading before - reading after;   |
|   | Management                           | 303<br>304  | Name of Technician  Date   |  |
|   |                                      | 305<br>306  | Serial Number of Equipment that was Adjusted Serial Number of Cannister  |  |

| ADJUSTMENT Comments, Recommendations, 314 and/or NA Explanation |                         | 314  |   |  |
|---|-------------------------|------|---|--|
|   |                         |      | SERVICE COMPLETION  |  |
| ي   | Building                | 318  | Permit Number   |  |
| Permit  | Permit Info             | 319  | Jurisdiction Having Authority   |  |
|   | remit into              | 320  | Date Permit was Finaled   |  |
| Contract  | Maintenance<br>Contract | 323  | ☐ Enrolled Customer in Maintenance Contract   |  |
|   | Contract                | 324  | ☐ Customer Declined Offer of Maintenance Contract   |  |
|   |                         | 327  | OEM Installation/Service Manuals or URLs  |  |
|   |                         | 328  | ☐ Drawing or Plans  |  |
|   |                         | 329  | ☐ Installing and Maintenance Contactor Contact Info   |  |
|   | System                  | 330  | Recommended / Final Thermostat Programming  |  |
| System Manual   | Manual                  | 331  | ☐ Refrigerant Charge Data, if Applicable  | Mark all that apply  |
| Mar   | Contents                | 332  | HERS Compliance and Verification Paperwork  |  |
| Ē   | Added                   | 333  | ☐ Commissioning and/or Air Balancing Information  |  |
| /ste  |                         | 334  | ☐ Any New Information   |  |
| S   |                         | 335  | ☐ Maintenance Plan  |  |
|   |                         | 336  | ☐ Quality Service Report from Current Service   |  |
|   | Location of             | 338  | ☐ Mounted on Indoor Unit  |  |
|   | Manual                  | 339  | ☐ Provided in Binder  |  |
|   | Uploads                 | 341  | ☐ Photo of System Manual  Review the following programs with the customer:  |  |
| vo  |                         | 344a | ☐ <b>TECH Clean California</b> : \$1,000 incentives for new single family heat pump HVAC systems (up to two systems per hom Requirements: 1) must be a TECH-enrolled contractor, 2) project must be a non-heat pump to heat pump installation, 3) construction, retrofits only, 4) equipment must be AHRI matched systems, and 5) equipment must meet Title 24 code min   |  |
| Other Programs  | Referral to             |      | standards. See https://techcleanca.com/.  | , . , . ,  |
| rog   | Other                   |      | ☐ GoGreen Financing: GoGreen Home provides California residents with f  |  |
| er P  | Programs                | 344b | or closing costs and some of the best rates available. Eligibility requires tha   | t the property receive electric or natural gas service                               |
| Ę   |                         |      | from PG&E, SDG&E, SCE, or SoCalGas. See https://gogreenfinancing.com/.  | stellation of societies and site or consequential and                                |
| 0   |                         | 344c | □ Self-Generation Incentive Program: SGIP provides incentives for the installation of qualifying on-site power generation and storage technologies. The current residential incentive is \$0.15 per Wh-AC of the system. Advanced approval and funding reservation is required. The program is implemented by your IOU (PG&E, SDG&E, SCE, or SoCalGas). See https://www.selfgenca.com/, or research your IOU's website. |  |
|   |                         |      | Identify and Discuss One Additional Program that Might be of Interes  | t to Customer:   |
| દ   |                         |      | ☐ ALL-1 Golden State Rebates  | ☐ PGE-5 BayREN Air Conditioning Rebate   |
| ran   | Referral to             |      |   | ☐ SDGE-1 Residential Energy ☐ SJV-1 San Joaquin Valley Pilot Program                 |
| rog   | Other                   | 344  | ☐ LADWP-1 Home Energy improvement Program ☐ LADWP-2 AC Optimization Program   | □ SJV-1 San Joaquin Valley Pilot Program □ SMUD-1 Sustainable Home Improvement Loans |
| Other Programs  | Programs                |      | ☐ PGE-1 BayREN Air Sealing Rebate   | ☐ SMUD-2 Applicance Rebates  |
|   | J                       |      | ☐ PGE-2 BayREN Duct Sealing Rebate  | ☐ SMUD-3 Go Electric Rebates   |
|   |                         |      | ☐ PGE-3 BayREN Heat Pump Rebate   | □ SMUD-4 Heating & Cooling Rebate  |
|   |                         |      | ☐ PGE-4 BayREN Insulation Rebate  | ☐ SMUD-5 Seal & Insulate Rebate  |
| COMPLETION Comments, Recommendations, and/or NA Explanation     |                         | 346  |   |  |

| SIGNATURES  |   |  |  |  |  |
|---|---|--|--|--|--|
| ☐ Electronic signatures will be uploaded later, after review of the emailed Quality Service Report, at:  https://frontierenergy.formstack.com/forms/qhvac_claim_signature_attachment ☐ Signatures have been obtained below after review of boxed values in this checklist |   |  |  |  |  |
| Customer Name   | Technician Name   |  |  |  |  |
| Customer Signature  | Technician Signature  |  |  |  |  |
| I hereby certify that I reviewed the above key findings with the technician. I understand that this does not signify that I am selecting this contractor or accepting this bid.   | I hereby certify that I reviewed the above key findings with the home decision maker. |  |  |  |  |
| The Quality Residential HVAC Services Program is funded by California utility customers u Frontier Energy under a contract awarded by San Diego Gas & Electric® Company (SDG&L purchase any additional services offered by the contractor. Actual savings may vary. The   | E®). Customers who choose to participate in this program are not obligated to         |  |  |  |  |