



PTCS Air Source Heat Pump

For New and Existing Single Family or New and Existing Manufactured Homes

www.fallriverelectric.com

Member Number		Phone #	
Member Name		Mobile #	
Mailing Address	City	State	Zip
Installation Address <i>(if different than above)</i>	City	State	Zip
Email	Installed Date		
Home type: <input type="checkbox"/> Existing Site Built <input type="checkbox"/> New Site Built <input type="checkbox"/> Existing Manufactured <input type="checkbox"/> New Manufactured Year Built _____			
Heated Area: Sq. Ft.	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 Being Replaced <i>(If new home, indicate heating system installed):</i>			
<input type="checkbox"/> Electric Forced Air w/out AC <input type="checkbox"/> Electric Forced Air w/AC <input type="checkbox"/> Electric Zonal <input type="checkbox"/> Air Source Heat Pump <input type="checkbox"/> Ground Source Heat Pump <input type="checkbox"/> Natural Gas Furnace (Gas Company: _____) <input type="checkbox"/> Other Non-Electric Space Heating: _____			
Back Up Heat: <input type="checkbox"/> None <input type="checkbox"/> Electric Forced Air <input type="checkbox"/> Electric Zonal <input type="checkbox"/> Natural Gas Furnace <input type="checkbox"/> Non-Electric Space Heating			

NEW EQUIPMENT INFORMATION

Minimum Ratings: HSPF 9.0 / SEER 14 *if less than 9.0 HSPF or 14 SEER check with utility

AHRI#	SEER*	HSPF*	Outdoor HP Capacity (tons)
Heat Pump Make	Outdoor HP Model #	<input type="checkbox"/> Non-Variable Speed HP Compressor <input type="checkbox"/> Variable Speed HP Compressor	
	Indoor HP Model #	Balance Point? _____ Provide BP documentation	

Did you perform all your tests in Test Only/Check Charge mode? Yes No N/A

External Static Pressure Test

1. Measure return static pressure 2. Measure supply plenum static pressure 3. Calculate external static pressure: add values in #1 and #2 values; ignore the minus sign	1. Return Static Pressure	Units: <i>Use same units for TrueFlow test</i> <input type="checkbox"/> Pa <input type="checkbox"/> Inches H2O
	2. Supply Static Pressure	

True Flow

1. Measure NSOP (Normal System Operating Pressure)(A) 2. Check TrueFlow plate size and location 3. Measure TFSOP (Supply Pressure with TrueFlow Plate)(B) 4. Calculate Correction Factor [C] 5. Measure plate pressure 6. Enter Raw Flow CFM from tables [D] 7. Calculate Corrected Flow 8. Calculate CFM/ton	1.NSOP [A]	2a. Plate Size: <input type="checkbox"/> 14 <input type="checkbox"/> 20	2b. Plate location: <input type="checkbox"/> Air Handler <input type="checkbox"/> Return Grill
	3. TFSOP [B]	4. Correction Factor [C] from table or calculate $\sqrt{[A] / [B]}$	
	5. Plate Pressure	6. Raw Flow CFM From tables [D]	
	7. Corrected Flow CFM = [C] x [D]	8. CFM/ton	

Refrigerant Charge Check

Run unit for at least 15 minutes in compressor-only mode before taking readings.

Outside Air Temp °F	Mode unit tested in: <input type="checkbox"/> Heating (if ≤ 65°F) <input type="checkbox"/> Cooling (if > 65°F)
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Continued back side

Heating Mode (65°F or lower)	Cooling Mode (higher than 65°F)	Alternative Test Method
Supply Air (SA) Temp	Discharge Pressure	Specify method used
Return Air (RA) Temp	Discharge Temp (A)	Target
Temp Split (SA – RA)	Liquid Line Temp (B)	Test result
Expected Temp Split from table:	Sub Cooling (A) - (B)	Meets specification? <input type="checkbox"/> Yes <input type="checkbox"/> No

Controls

Compressor Low Ambient Lockout control (LAL) setting at 5° or less? <input type="checkbox"/> Yes <input type="checkbox"/> Not Installed/Disabled <input type="checkbox"/> Non-Electric Backup <input type="checkbox"/> No		Auxiliary (strip) heat lockout has been set to: <input type="checkbox"/> 35°F <input type="checkbox"/> Below 35°F
HP Thermostat Model	HP Thermostat Model	
Is this a Multiple Capacity Compressor system? <input type="checkbox"/> Yes, the discharge air sensor control is used to control auxiliary heat and is set no higher than 85°F or <input type="checkbox"/> Yes, the staging thermostat is set warmer than 85°F and the resistance heat cannot operate at temperatures above 35° or <input type="checkbox"/> No, this does not apply		

Work must be performed by one or more technicians certified in PTCS and/or IGSGPA and listed in the online site registry. Heat pump was commissioned and installed according to the current PTCS Air Source Heat Pump Specifications. By signing below, technician certifies that this form and any accompanying documentation are complete and accurate, and that all measures associated with at this this project were completed as the signature date below.

PTCS Technician #	Technician Phone #
Installation Company	
PTCS Technician Name	
Technician Signature	Date

PTCS High Efficiency Heat Pump	Member Rebate
Installation with Non-Electric Furnace or Replacement with Any Furnace	\$ 350.00
Installation with Electric Furnace-No previous Heat Pump	\$1,000.00
Installation with Non -Electric Furnace or Replacement with Any Furnace- Variable Speed	\$ 500.00
Installation with Electric Furnace -No previous Heat Pump-Variable Speed	\$1,100.00

Enter all data on a mobile device or computer at <https://ptcs.bpa.gov> using the certified technician’s account. Technicians are required to enter all completed work into this registry. Technicians can contact the PTCS team for questions by email ResHVAC@bpa.gov or call 1-800-941-3867. When completed job is entered, it is the responsibility of the technician or their company to notify Fall River Electric that it has been completed and entered.

Documentation Required:

Submit the PTCS Air Source Heat Pump form (this form) or CheckMel Heat Pump Protocol Data Entry Form for PTCS Summer and Winter, proof that the measure has been accepted, Invoice showing purchase date, installed cost, manufacturer, model number, type, size and quantity of equipment, Technician documentation used to determine size of the heat pump per PTCS specification, one of the following PTCS Central Air Conditioner Sizing Calculator, or heat load/heat loss calculation and associated balance point worksheet required documents to Fall River Electric.

Purchases must be made after 4/1/2022 and installed in FRE service territory to be eligible. All incentives are subject to availability and may change at any time. FRE reserves the right to inspect for program compliance. By signing, the Member certifies that the above information is true and accurate to the best of their knowledge.

Member Signature _____ Date _____

Office Use Only		
GL: <u>CONS 11 300 555.13</u>	FRE Representative _____	Pay \$ _____
Effective 4/1/20022		Date: _____