MAINEHOUSING HEAT PUMP PROGRAM

AGENCY HEAT PUMP INSPECTION CHECKLIST

HEAT Job #:			AGENCY:	
Property Owner:			Agency Inspector:	
Property Address:			Inspect Date:	
Dwelling Type:	□ SF	□ Manufactured Home	Vendor:	

Heat Pump System				
	Outside Component	Inside Component		
Make/Manufacturer				
Model				
Serial #				
Component Location				
Thermostat Location				
		·		

Unit Inspected Yes No If yes, complete Inspection Results

INSPECTION RESULTS							
Pass Fail NA	Corrective Action Required	RESOLVED/ Date					
Pass Fail NA	Corrective Action Required	RESOLVED/ Date					
Comments							
	Value Lass 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Sector Sector Corrective Action Required					

I (the Agency Inspector) certify that the heat pump materials and measures were properly installed in accordance with the work order and that installation was completed in accordance with CHIP Guidance and Procedures.

Agency Inspector (signature)