

Program registered contractor - air source heat pump quality installation checklist

Fill out one checklist per outdoor unit

Customer Name:	Company Name:
Phone:	Phone:
Street Address:	Installer Name:
City/Postal Code:	Designer Name:

1. System design (please circle units of measurement e.g. BTUH or W, °F or °C)

- Completed F280-compliant heat loss / heat gain calculation Results attached (optional)
- Outdoor design temperature _____ ° F or °C
- Dwelling heat requirement _____ BTUH or W Heat output @ outdoor design temp _____ BTUH or W
- Dwelling cooling requirement _____ BTUH or W Nominal cooling capacity _____ BTUH or W
- Auxiliary heat Not applicable Calculated balance point _____ BTUH or W @ _____ °F or °C
- Thermostat control set to minimize the use of auxiliary heat above balance point

2. Outdoor unit (please circle units of measurement e.g. ft or m, oz. or g)

- Make/model _____
- AHRI _____ Ducted Ductless Mix
- Manufacturer's maximum line set length with factory charge _____ ft or m
- Measured line set lengths _____ ft or m Refrigerant added for extra length (if applicable) _____ oz. or g
- Unit is secured and placement complies with manufacturer requirements for clearances and protection from the elements
- Line set secured, insulated, covered, and penetrations sealed from elements and pests

3. Indoor unit - central or mini-ducted (please circle units of measurement e.g. in. WC or Pa)

If more than one indoor unit, use next page for additional units

- Central Unit Mini-Ducted Unit Not applicable (i.e. ductless only, proceed to #4)
- Coil/Air Handler Make/Model _____
- System Total Measured ESP _____ in. WC or Pa Manufacturer's Rated ESP _____ in. WC or Pa
- Ducts in conditioned space? Yes No If no: Ducts in unconditioned space are insulated to min. R20 (RSI 5.68)

4. Indoor unit – ductless If more than one indoor unit, use next page for additional units

- Make/Model _____ Not applicable (i.e. ducted only)
- Manufacturer's min clearances maintained

5. Codes and permits

- Installation complies with BC Building Fire and Electrical Codes as well as CSA BCAN/CSA-C273.5-11(R2015) Installation of air source heat pumps and air conditioners and applicable permits have been obtained. *Note: failure to comply with applicable codes may impact rebate program as per Home Renovation Rebate and EfficiencyBC Terms and Condition 45e.*

6. Information for customer

- Explained system operation including control setup and the costs of large set-backs using auxiliary heat.
- Installation manual, warranty registration, and a copy of this checklist provided to customer.
- Advised customer of maintenance schedule including filter change instructions.
- Customer Initials _____

7. Installer signature

I certify that the information contained in this checklist is complete and accurate.

Signature

Print Name

Date (MM/DD/YYYY)

If more than one indoor unit use sections 8 and /or 9 on the next page. Use box 10 on next page for any other comments (if applicable)

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8. Additional indoor unit(s) - central or mini-ducted (please circle units of measurement e.g. in. WC or Pa)
<input type="checkbox"/> Central Unit <input type="checkbox"/> Mini-Ducted Unit Coil/Air Handler Make/Model _____ System Total Measured ESP _____ in. WC or Pa Manufacturer's Rated ESP _____ in. WC or Pa Ducts in conditioned space? <input type="checkbox"/> Yes <input type="checkbox"/> No If no: <input type="checkbox"/> Ducts in unconditioned space are insulated to min. R20 (RSI 5.68)
<input type="checkbox"/> Central Unit <input type="checkbox"/> Mini-Ducted Unit Coil/Air Handler Make/Model _____ System Total Measured ESP _____ in. WC or Pa Manufacturer's Rated ESP _____ in. WC or Pa Ducts in conditioned space? <input type="checkbox"/> Yes <input type="checkbox"/> No If no: <input type="checkbox"/> Ducts in unconditioned space are insulated to min. R20 (RSI 5.68)
<input type="checkbox"/> Central Unit <input type="checkbox"/> Mini-Ducted Unit Coil/Air Handler Make/Model _____ System Total Measured ESP _____ in. WC or Pa Manufacturer's Rated ESP _____ in. WC or Pa Ducts in conditioned space? <input type="checkbox"/> Yes <input type="checkbox"/> No If no: <input type="checkbox"/> Ducts in unconditioned space are insulated to min. R20 (RSI 5.68)
<input type="checkbox"/> Central Unit <input type="checkbox"/> Mini-Ducted Unit Coil/Air Handler Make/Model _____ System Total Measured ESP _____ in. WC or Pa Manufacturer's Rated ESP _____ in. WC or Pa Ducts in conditioned space? <input type="checkbox"/> Yes <input type="checkbox"/> No If no: <input type="checkbox"/> Ducts in unconditioned space are insulated to min. R20 (RSI 5.68)

9. Additional indoor unit(s) - ductless
Make/Model _____ <input type="checkbox"/> Manufacturer's min clearances maintained
Make/Model _____ <input type="checkbox"/> Manufacturer's min clearances maintained
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10. Comments (if applicable)

