Vendor # 602052

RA-34

NO HEAT/HOTWATER

Victor R. Allienello, Jr.

Should be Replaced ASAP.

Energy Consultant / HVAC Specialist

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MAY 10 2018

Renewable Energy • Energy Efficiency • Petroleum • BioFuels

NAME	SHIP TO
ADD	ADDRESS: 100 Bullocks Point Ave
CITY	CITY, STATE, ZIP: Riverside RI

WHEN SHIP	TERMS	HOW SHIP	DATE
			5/7/18

PRE-QUALIFICATION

1-ZONE/TANKLESS

Richmond - Oil Fired - FHW Boiler, Model R-14 Serial # N/A MFG date N/A - est (1960's). 92,000 net BTU, Beckett AFG w/ Honeywell R4117A Stack Control, Honeywell L4006 Aquastat, Old style Expansion Tank w/ Air Scoop, Fireyatic Switch, (1) Taco 110 Circulator, Taco 1" Flow Check, Sleeved AG Oil Line, Remote Emergency Switch.

1. Tankless & Section #1 Rotted and leaking, 2. Crack between Section 1 & 2.

No Efficiency Combustion Test / Boiler Leaking → drained

No Heat or Hot Water

Recommend Replacement / Replace with

Oil Fired - FHW - Boiler @ 105,000 Gr BTU, 40 gallon Indirect Water Heater, (2) Circulators, Switching Relay, Fireyatic Switch, LWCO, Back Flow Preventer, Expansion Tank w/ Air Separator Sleeved Oil Line in Place

Removal of existing Boiler → Cellar Entrance Through Garage

BUYER:

RIPY Lic #077

KEEP THIS SLIP FOR REFERENCE

Reorder from Crosstown Press 800-249-0434

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F21: RI WAP/IES Heating System Evaluation Report

Every weatherized dwelling in RI shall have all HVAC systems evaluated by a licensed HVAC technician (limitations apply). HVAC evaluations and related services provided under the RIWAP, shall comply with the American National Standards Institute/Air Conditioning Contractors of America (ACCA) Standard-4 (2008). An RIWAP HVAC Evaluation Report shall be completed by a technician in conjunction with every evaluation performed and shall accompany any request for payment. RIWAP shall define an Evaluation as incorporating all Inspection, Maintenance, and Testing procedures mandated by ACCA Standard-4, as applicable per system type.

I. Job [redacted]

Client [redacted]
Street [redacted]
City, Z [redacted]
Techn [redacted]

Job Number: _____
Date Assigned: _____
Company Name: _____

II. System Identification. All fields required.

No. of Primary Systems Present: 1 No. of Unvented Space Heaters Present: 0
No. of Supplemental Systems Present 0
Are Unvented Space Heaters the Primary Heat Source? ☐ Yes ☒ No

1-ZONE / TANK LESS

Old Unit: Check all that apply

- ☐ Electric
- ☐ Natural Gas
- ☐ Propane
- ☒ Oil
- ☐ Kerosene
- ☐ Solid Fuel (Wood, Coal, Pellet)
- ☐ Forced Air
- ☐ Gravity
- ☒ Boiler
- ☐ Space Heater
- ☐ Unvented Space Heater
- ☐ Water Heater

Brand/Trade Name Richmond
Model No. K-14
Serial No. N/A
Date Manufactured N/A - (CST 60+yrs)
System Size 92,000 NET btu/ton/other
Location BASEMENT

Beckett AFG w/ HW RA 117A ST
HW L 6047 A Aquastat / Relay
HW L 4006 Aquastat
Old Style Expansion Tank w/ Air Scoop
Fireguard
(1) Taco 110 Circ
Taco 1" Flow Check
Sleeved AG Oil Line
Remote Emergency Switch

New Unit: Check all that apply

- ☐ Electric
- ☐ Natural Gas
- ☐ Propane
- ☐ Oil
- ☐ Kerosene
- ☐ Solid Fuel (Wood, Coal, Pellet)
- ☐ Forced Air
- ☐ Gravity
- ☐ Boiler
- ☐ Space Heater
- ☐ Unvented Space Heater
- ☐ Water Heater

Brand/Trade Name _____
Model No. _____
Serial No. _____
Date Manufactured _____
System Size _____ btu/ton/other
Location _____

MAY 1 0 2018

III. System Evaluation: Record results of Inspection, Maintenance, and Testing completed on each system type/component.

FP = Functioning Properly
RR = Replacement Recommended
NR = Needs Repair
CP = Cleaning Performed

COMPLETE FOR ALL SYSTEMS AS APPLICABLE

Description	Condition/Action Taken			
	FP	NR	RR	CP
Controls and thermostat	☑	☐	☐	☐
Electrical Disconnect	☐	☑	☐	☐
Electrical Connections	☐	☑	☐	☐
Cabinet/fasteners/panels	☐	☑	☐	☐
Temperature rise _____ °F	☐	☐	☐	☐
Filter(s)	☐	☐	☐	☐
Registers and duct boots	☐	☐	☐	☐
Zone controls and dampers	☐	☐	☐	☐
Main trunk line	☐	☐	☐	☐
Duct insulation	☐	☐	☐	☐
Fan belt tension	☐	☐	☐	☐
Blower assembly	☐	☐	☐	☐
Contacts/relays/capacitors	☐	☐	☐	☐
Fan on/off temperatures _____ °F | _____ °F				

COMPLETE FOR CENTRAL ELECTRIC SYSTEMS

Description	Condition/Action Taken			
	FP	NR	RR	CP
Variable frequency drive	☐	☐	☐	☐
Airflow across element(s)	☐	☐	☐	☐
Air handler	☐	☐	☐	☐
Element(s)	☐	☐	☐	☐

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COMPLETE FOR NATURAL GAS AND PROPANE FURNACES

Description	Condition/Action Taken			
	FP	NR	RR	CP
Gas leaks	☐	☐	☐	☐
Burner (corrosion, etc)	☐	☐	☐	☐
Burner test	☐	☐	☐	☐
Burner blow wheel	☐	☐	☐	☐
Main burner ignition	☐	☐	☐	☐
Heat exchanger	☐	☐	☐	☐
Hot surface ignition	☐	☐	☐	☐
Combustion chamber	☐	☐	☐	☐
Burner gaskets	☐	☐	☐	☐
Inlet gas pressure	☐	☐	☐	☐
Manifold pressure	☐	☐	☐	☐
Condition of chimney	☐	☐	☐	☐
Condensate piping/drain	☐	☐	☐	☐
Combustion air intake	☐	☐	☐	☐
Vent connectors	☐	☐	☐	☐
90+ unit pipe condition	☐	☐	☐	☐

Evidence of flame rollout? ☐Yes ☐No
Chimney lined? ☐Yes ☐No
Distance from combustibles ☐Pass ☐Fail
Vent system code compliant ☐Yes ☐No
Fuel Usage (clock meter) _____ therms/h
Is usage within 10% of nameplate? ☐Yes ☐No
Cu. Ft. of Utility Area: _____
Make-up air required? ☐Yes ☐No
Liner required? ☐Yes ☐No

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COMPLETE FOR OIL FURNACES

Description	Condition/Action Taken			
	FP	NR	RR	CP
Combustion chamber	☐	☑	☐	☐
Burner gaskets	☐	☑	☐	☐
Retention head	☑	☐	☐	☐
Ceramic insulation	☑	☐	☐	☐
Electrode positioning	☑	☐	☐	☐
Clean combustion air inlet	☐	☐	☐	☐
Burner head/nozzle	☑	☐	☐	☐
Vent connectors ☐	☑	☐	☐	
Heat exchanger	☐	☐	☐	☐
Test inducer fan motor	☐	☐	☐	☐
Test blower assembly	☐	☐	☐	☐
Oil pressure (measure/adjust)	☐	☐	☐	☐
Oil pump pressure	☑	☐	☐	☐
Fuel pump pressure cutoff	☑	☐	☐	☐
Primary burner safety control	☑	☐	☐	☐
Combustion intake	☑	☐	☐	☐
Condition of liner	☐	☐	☐	☐
Photocell resistance ____Ω		☑Pass		☐Fail
Replace oil burner nozzle*		☐Yes		☑No
Replace fuel filter*		☐Yes		☑No
Chimney lined?		☐Yes		☑No
Oil residue in chamber?		☐Yes		☑No
Bleed oil line*		☐Yes		☑No
Evidence of flame rollout?		☐Yes		☑No
Ignition transformer voltage ___V		☐Yes		☑No
Distance from combustibles		☑Pass		☐Fail
Vent type correct for furnace?		☑Yes		☐No
Vent meets code (1/4" rise per foot)		☑Yes		☐No
Cu. Ft. of Utility Area: 6280				
Make-up Air Required?		☐Yes	☑No	
Liner Required?		☐Yes	☑No	

Support
137 @ 100

*REQUIRED MAINTENANCE ITEMS

35 x 98 x 7

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COMPLETE FOR ALL VENTED SPACE HEATERS

System 1

Description	Condition/Action Taken			
	FP	NR	RR	CP
Burners	☑	☐	☐	☐
Vent connectors ☐	☐	☐	☐	
Condition of liner	☐	☐	☐	☐
Gas leak(s)?	☐Yes	☐No		
Evidence of flame rollout?	☐Yes	☑No		
Clearance from combustibles?	☑Pass	☐Fail		
Vent type correct for furnace?	☑Yes	☐No		
Vent meets code (1/4" rise per ft)	☑Yes	☐No		
Chimney lined?	☐Yes	☑No		
Numbers of elbows in vent system?	1			

System 2

Description	Condition/Action Taken			
	FP	NR	RR	CP
Burners	☐	☐	☐	☐
Vent connectors ☐	☐	☐	☐	
Condition of liner	☐	☐	☐	☐
Gas leak(s)?	☐Yes	☐No		
Evidence of flame rollout?	☐Yes	☐No		
Clearance from combustibles?	☐Pass	☐Fail		
Vent type correct for furnace?	☐Yes	☐No		
Vent meets code (1/4" rise per ft)	☐Yes	☐No		
Chimney lined?	☐Yes	☐No		
Numbers of elbows in vent system?				

COMPLETE FOR HYDRONIC LOOP BOILERS

Description	Condition/Action Taken			
	FP	NR	RR	CP
Pressure reducing valve	☐	☐	☑	☐
Bladder expansion tank	☐	☐	☑	☐
Water pump	☐	☑	☐	☐
Condition of plumbing	☑	☐	☐	☐

→ Pressure > 30 lbs

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COMPLETE FOR ALL VENTED FUEL-FIRED SYSTEMS

Ambient CO ___Ø___ ppm
Spillage Test ☑Pass ☐Fail ☐Not applicable
Worst case CAZ _____ Pa
Draft (at worst case) _____ Pa
Ambient Temperature _____ °F
CAZ volume (if applicable) _____ ft3
Additional venting needed _____ in2
Pressure switch _____ ☐Pass ☐Fail ☐Not applicable

SMOKE - Boiler drawned & Rolled @ Section 1 & TANKless

Before
Steady state efficiency — %
CO — ppm
O2 ~ %
CO2 — %
Stack Temperature — °F
DRAFT. —

After
Steady state efficiency _____ %
CO _____ ppm
O2 _____ %
CO2 _____ %
Stack Temperature _____ °F

IV. Declaration of System Compliance: Official summary of conditions post-Evaluation

System No. 1
Passes Fails

System No. 2
Passes Fails

Provide a detailed description of deficiencies identified in each failed system (continue on back if additional space is needed):

1. TANKless & Section #1 Rolled & Leaking
2. Crack Between Section 1 & 2

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V. MINOR Repairs Completed: ***Authorized repairs completed at the time of Evaluation, beyond the mandated scope of services.***

Detailed Description of Minor Repairs Completed	Materials Installed			
	Material Description	QTY	Unit	Total Cost
	Estimated Labor Hours			

Comments:	Total Materials:	
	Total Labor:	
	Total Actual Cost:	

VI. Replacement Recommended: Must be fully justified by the description of the failure written above.

Detailed Description of Replacement Recommended	Estimated Material Costs			
	Material Description	QTY	Unit	Total Cost
	Estimated Labor Hours			

Comments:	Total Estimated Materials:	
	Total Estimated Labor:	
	Total Estimated Cost:	

VII. Certification of Compliant Evaluation:

Technician Certification:
As an HVAC technician licensed by the State of Rhode Island, and as an employee/proprietor of
Victor Alvarado, I certify that I have personally evaluated all HVAC systems present in the subject dwelling, including all inspection, maintenance, and testing mandated under ACCA Standard-4. I understand that any subsequent services, for which the property owner/client may be eligible, shall be determined at the sole discretion of the CAP Agency, and neither I nor any representative of my firm, shall be at liberty to state or imply that additional services can, should, or will be provided. I further attest that the evaluation, report, and repairs performed (if any) are complete, accurate, and of good quality, in accordance with RIWAP guidelines.

Technician Printed Name: Victor Alvarado Date:
Technician Signature: Date: 5-1-18

Property Owner Certification:
As owner of the property referenced herein, I understand and agree that I previously authorized the local CAP Agency to enlist the services of a licensed HVAC technician to evaluate and service the HVAC systems present in my dwelling on my behalf, as a requirement of the Weatherization Assistance Program services for which I may eligible. I understand that no warranty either expressed or implied shall accompany this evaluation, [illegible] at any subsequent services for which I may be eligible shall be dete[illegible]th RIWAP standards and guidelines. I further certify that to the be[illegible]w complete, and I agree and attest that the nature and quality of all

Property Owner Printed Nan[illegible] Date:
Property Owner Signature[illegible] Date: 5-1-18