

Utah WAP Worst Case Draft & CO Test

Client Name Job Number
 Technician Name Date of Test

Testing Stage
 Pre-Weatherization
 After Measure(s)
 Post-Weatherization

Depressurize the Combustion Appliance Zone

- Appliances in Standby**
Place all combustion appliances located within the CAZ in their standby mode and prepare for operation.
- Fireplace(s) OFF**
Fires in woodstoves and/or fireplaces must be fully extinguished, with no hot coals or embers. Close fireplace dampers and any fireplace doors.
- Exterior Doors & Windows Closed**
Close all building exterior doors and windows. Leave outdoor openings for combustion air open.
- CAZ Doors Closed**
Close all CAZ doors.
- Interior Door Positions**
Close the interior doors of all rooms except for rooms with an exhaust fan and rooms with a central forced air system return.
- Mechanical Ventilation OFF**
Turn off any mechanical ventilation and forced air cooling or heating system blowers.

7. Starting Pressure CAZ Pressure (PA)
Measure and record the baseline pressure in the CAZ with reference to (WRT) outside.

8. Exhaust Equipment ON
Turn on clothes dryers (check and clean the dryer filter and verify no blockage in vent), range hoods, and other exhaust fans. Operate exhaust equipment at the highest speed setting. Do not operate a whole house cooling exhaust fan. Measure and record the pressure in the CAZ WRT outside.

9. Air Handler On Off
For 9. & 10. Determine and indicate the condition above that causes the greatest CAZ depressurization. Measure and record the greatest depressurization in the CAZ WRT outside. Leave the system in this condition during the combustion appliance safety inspection. Operate Air Handler at the highest speed setting.

10. CAZ door(s) Open Closed CAZ Pressure (PA)
Same as 9. Air Handler

11. Alternate Door Positions*
Alternatively, pressure differential diagnostics may be used to determine proper door configuration to create the greatest CAZ depressurization. List door positions that were adjusted based on the alternate method in the field below, and measure and record greatest depressurization in the field above
 *Required on Central Partitioning doors that divide the dwelling into two or more zones with multiple rooms. Example: door at the top of stairs. Pressure differential test should be Zone WRT CAZ

12. Worst Case CAZ Pressure
CAZ pressure during the combustion appliance safety inspection.

Vent Pressure and CO Measurements

Outdoor Temp (°F) Minimum Acceptable Vent Pressure (PA)
*Minimum acceptable draft pressure calculation:
 If Outdoor temp (OT) is below 10°F = -2.5 PA
 If OT is above 90°F = -0.5 PA. If OT is between 10°F and 90°F = (OT°F ÷ 40) - 2.75*

WORST CASE

NORMAL CASE

Appliance Test smallest BTU/h to largest	Vent Temp (vent pressure at mins)	Vent Pressure (Pa)	CO at 5 mins (ppm air free)	Acceptable Draft & CO?		Vent Pressure (Pa)	Acceptable Draft & CO?	
				Pass	Fail		Pass	Fail
1 <input type="text"/>	<input type="radio"/> Cold (5 min) <input type="radio"/> W Heater or Warm (2min)	<input type="text"/>	<input type="text"/>	<input type="radio"/> Pass	<input type="radio"/> Fail	<input type="text"/>	<input type="radio"/> Pass	<input type="radio"/> Fail
2 <input type="text"/>	<input type="radio"/> Cold (5 min) <input type="radio"/> W Heater or Warm (2min)	<input type="text"/>	<input type="text"/>	<input type="radio"/> Pass	<input type="radio"/> Fail	<input type="text"/>	<input type="radio"/> Pass	<input type="radio"/> Fail

Conclusion

- NA - There are no combustion appliances in the dwelling or adjacent spaces. No testing required.
- NA - All combustion appliances are Category IV. No further testing required.
- PASS - All Category I combustion appliances are venting safely under worst case depressurization and are within CO thresholds
- FAIL - One or more Category I combustion appliances failed worst-case draft or CO test. See corrective action below:

Corrective Action Plan:

The has been Disabled Left in Service, for the

Name of appliance(s)

following reasons:

Weatherization Agency will:

The Client will:

Client Signoff: I have been informed of the results of this test, and agree to follow any instructions listed in the corrective action plan.

X

Notes:

Technician Signature:

Date: