





Housing App#:

ClientID:

Assessors:

Assessment Date:

ClientName:

Day Phone:

Assessors:

Assessment Date:

## ATTICS

### Unfinished

AtticType	JoistSpace	Type	Material
1. Unfloored	1. 16 in	1. Batts	1. Fiberglass
2. Floored	2. 18 in	2. Blown	2. Rockwool
3. Cathedral / Flat	3. 24 in	3. Other	3. Cellulose

### Finished

Area Type	Floor Type	Type	Material
1. Outer Ceiling Joist	1. Unfloored	1. Batts	1. Fiberglass
2. Collar Beam	2. Floored	2. Blown	2. Rockwool
3. Kneewall		3. Other	3. Cellulose
4. Roof Rafter			

### Existing Insulation

AtticCode	AtticType	Joist Sp	Area	Type	Material	Depth
UFA 01						
UFA 02						
UFA 03						
UFA 04						

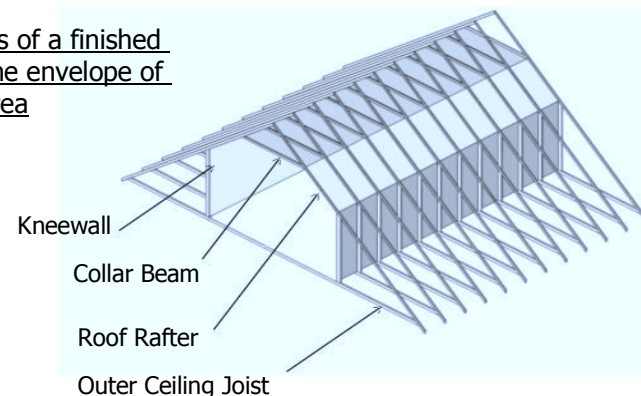
### Existing Insulation

AtticCode	AreaType	Floor	Area	Type	Material	Depth
FA 01						
FA 02						
FA 03						
FA 04						
FA 05						
FA 06						
FA 07						

### Additional Attic Framing Details

Type	Centers	Heat Sources	Sq ft.	Exist	Add
1. Cathedral	1. 16 in	1. WH / Furn	<input type="text"/>	<input type="radio"/>	<input type="radio"/>
2. Kneewall	2. 18 in	2. Exh Fan		<input type="radio"/>	<input type="radio"/>
3. Skylight	3. 24 in	3. Rec Lght		<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>
				<input type="radio"/>	<input type="radio"/>

The four parts of a finished attic define the envelope of the heated area



## FOUNDATIONS

### Foundation Type

1. Conditioned
2. Non Conditioned
3. Vented Non Cond.
4. Unintentionally Cond.
5. Uninsulated Slab
6. Insulated Slab
7. Exposed Floor

FoundCode	FoundType
FD 01	
FD 02	
FD 03	

Floor Area (sq ft)

Exist. Insul. R-Value

Sill Joist Size (in)

Perimeter to Insul (ft)

F. Wall Height (ft)

Height Exposed (%)

Perimeter (ft)

Exist. R-Value

### Foundation Insulation options

Floor  None

### BUILDING SHELL - Comments

*Include roof type, condition, and venting*

Housing App#:  ClientID:     
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### Required Heating System Details

#### Heating Equipment Type

- |                           |                      |
|---------------------------|----------------------|
| 1. Gravity Furnace        | 6. Heat Pump         |
| 2. Forced Air Furnace     | 7. V-Space heater    |
| 3. Fixed Elect Resistance | 8. UnV-Space Heater  |
| 4. Portable Electric      | 9. V-Wall Furnace    |
| 5. Hot Water Boiler       | 10. UnV-Wall Furnace |

#### Fuel Type

- |                |            |
|----------------|------------|
| 1. Natural Gas | 5. Oil     |
| 2. Electricity | 6. Propane |
| 3. Wood        | 7. Coal    |
| 4. Kerosene    | 8. Other   |

#### Equipment Location

- |                         |
|-------------------------|
| 1. Heated Space         |
| 2. Uncond. Space        |
| 3. Unintentional Heated |

SysCode **Manufacturer** **Model #**

Photo Documented

HS01		
HS02		
HS03		

#### Primary Sys

#### Heat Pump Details

#### Energy Index

Sys	SysCode	Type	Fuel	% Supplied	Location	Sq'	Watts	Amps	Volt	HSPF or Yr.Purch.
<input type="radio"/>	HS01									
<input type="radio"/>	HS02									
<input type="radio"/>	HS03									

FloorArea Sq'    
 Cond. Stories  Year Built

#### Input Heating Units Condition

- |             |           |                     |                          |
|-------------|-----------|---------------------|--------------------------|
| 1. No Input | 4. Lbs/hr | 1. Good             | 4. Broken (non-function) |
| 2. kBtu/hr  | 5. CCM    | 2. Fair             | 5. None                  |
| 3. Gals/hr  |           | 3. Poor (functions) |                          |

Duct Type Rect / Round Length Width Height if Rectangular Diameter if Circular

#### Uninsulated Supply Ducts


#### Output Cap.

(In heat units)

SysCode	InputUnits	InputRating	SS Eff. %	EquipCond.
HS01				
HS02				
HS03				

Smart Therm	Auto Vent Damper		Flue Dia	Pilot Light / IID			PowerBurn	Retention Head	
	Present	Recomd		IID	PilotLight	Summer		Present	Recomd
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Additional Heating System Details

#### Burner Condition

- |                         |
|-------------------------|
| 1. Good                 |
| 2. Fair                 |
| 3. Poor (working)       |
| 4. Broken (not working) |

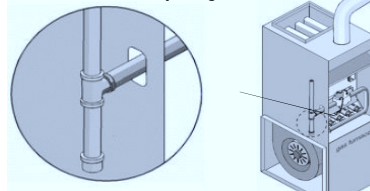
#### Pilot Condition

- |                         |
|-------------------------|
| 1. Good                 |
| 2. Fair                 |
| 3. Poor (working)       |
| 4. Broken (not working) |

#### Elect. Serv. Switch

- |                         |
|-------------------------|
| 1. Good                 |
| 2. Fair                 |
| 3. Poor (working)       |
| 4. Broken (not working) |

#### Gas Furnace Drip Leg



#### Thermostat Type

- |                       |
|-----------------------|
| 1. Mech (bimetallic)  |
| 2. Mech (mercury)     |
| 3. Elect (no setback) |
| 4. Elect (w/ setback) |

#### Combustion Air

Existing  Add

#### Seal Closet

No  Yes

SysCode	BurnerCond	PilotCond	E.Serv.Switch	C/O levels	GasLeak
HS01					<input type="radio"/>
HS02					<input type="radio"/>
HS03					<input type="radio"/>

Cracked Heat Exchanger	Fuel Shut Off Not Present	Drip Leg Not Present
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Therm.Type	Day Setting	Night Setting

#### Additional Comments

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## Cooling System Details

AC Unit Type  1. Central 2. Window 3. Heat Pump 4. Evaporative Cooler

Photo Documented

AC Code	AC Type	Area Cooled (sq')	Size (kBTU/hr)	SEER or	Yr.Purchased	Manufacturer	Model #	Serial #
AC01								
AC02								
AC03								
AC04								

Additional Comments

## Ducts / Infiltration

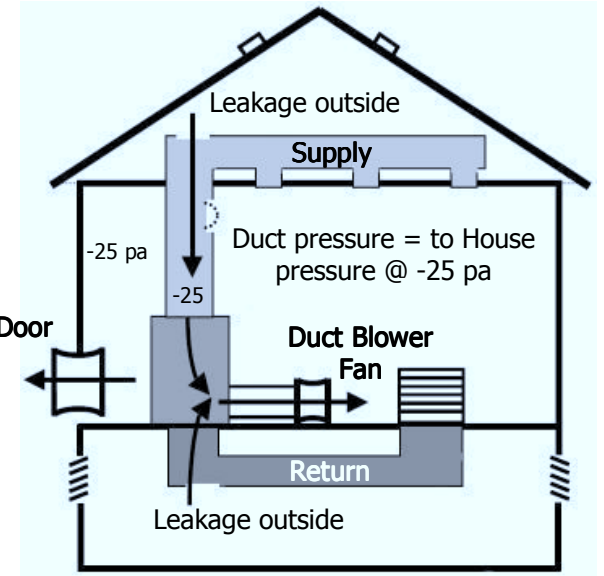
Duct Blower Method

### WHOLE HOUSE BLOWER DOOR MEASUREMENTS

	Before WZN (Initial) <sup>1</sup>	After WZN Target <sup>1</sup>	DUCT OPERATING PRESSURE	
Air Leakage Rate (CFM)	<input type="text"/>	<input type="text"/>	Duct Operating Pressures Before Duct Sealing	
at House Pressure Difference (Pa)	<input type="text" value="50"/>	<input type="text" value="50"/>	Supply (Pa)	<input type="text"/>
			Return (Pa)	<input type="text"/>
Blower Door Flow Ring		Open <input type="radio"/>	Ring A <input type="radio"/>	Ring B <input type="radio"/>
			Ring C <input type="radio"/>	

### DUCT BLOWER MEASUREMENTS

	Before Duct Sealing - Initial		After Duct Sealing Target	
	Total <sup>2</sup>	Outside <sup>3</sup>	Total <sup>3</sup>	Outside
Fan Flow (CFM)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Duct Pressure (Pa)	<input type="text" value="25"/>	<input type="text" value="25"/>	<input type="text" value="25"/>	<input type="text" value="25"/>
House Pressure WRTOoutside (Pa)	<input type="text" value="25"/>		<input type="text" value="25"/>	
Duct Blower Flow Ring		Open <input type="radio"/>	Ring 1 <input type="radio"/>	Ring 2 <input type="radio"/>
			Ring 3 <input type="radio"/>	



Leakage to Outside Depressurization Test

Conduct a 'Standard' Blower Door depressurization test. (open registers and Hvac filters removed)  
 Conduct a Duct Blower depressurization test. (seal return and supply registers)  
 With the return and supply registers sealed, use the Blower Door to depressurize the envelope to -25 pa.  
 With the house at -25 pa, and duct pressure at -25 pa, measure the duct CFM (WRT outside)

- Record initial, calculate target.
- Record total fan flow CFM.
- Record 'outside' calculate target.

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**B A S E L O A D S**

**Water Heater(s)**

WH Code	Manufacturer	Model:	Serial #:	Photo <input type="radio"/>
WH01	<input type="text"/>	<input type="text"/>	<input type="text"/>	
WH02	<input type="text"/>	<input type="text"/>	<input type="text"/>	

**Shower Heads**

# of Shower Heads   
 Shower Use (min/day)   
 Average GPM

Fuel Type	Equipment Location	Input Units	Insulation Type
1. Natural Gas 2. Electricity 3. Propane	1. Heated Space 2. Uncond. Space 3. Unintentional Heated	1. kBTU 2. kW	1. Fiberglass 2. Polyurethane

*If WH wrap is present, skip Insul. Thick & Insul. Type*  
*Is the first 5' of WH supply pipe insulated?*

WH Code	Fuel Type	Equip. Loc.	Rated Input	Input Units	Gallons	WH Wrap	Pipe Insul.	Original Tank Insul. Thick.	Insul. Type	Water Heater Condition			Burner Condition			CO Level	WH Stand
										Good	Fair	Poor	Good	Fair	Poor		
WH01						<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
WH02						<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>

Comments:

**Refrigerator**

Manufacturer  Model  Photo

Refrigerator Style	Defrost	Refrigerator Location	Size cu ft
1. Top Freezer 2. Side by Side 3. Single Door	4. Sngl Door w/ Freezer 5. Bottom Freezer 6. Other	1. Automatic 2. Manual 3. Partial Auto 4. Other	1. Heated Space 2. Uncond. Space 3. Unintentional Heated

Available Space Dimesions  Ice Maker

Height(in)   
 Width(in)   
 Depth(in)

Door Type  Single  Double  
 Door Swing  Right Hand  Left Hand  
 Freezer Type  Top  Bottom

**Lighting System**

Room Description	Location	Lamp Type
1. Family 2. Kitchen 3. Living 4. Rec	5. Dining 6. Bedroom 7. Bathroo 8. Utility	1. Ceiling 2. Floor 3. Table 4. Wall 5. Closet 6. Other

Light Code	Room Desc	Room Location	Lamp Type	Qaunt.	Size (watts)	Usage (hr/day)
LT01						
LT02						
LT03						
LT04						
LT05						
LT06						
LT07						
LT08						
LT09						
LT10						

**C o n s u m p t i o n**

Label / Database Annual Consumption

kWhr/yr  Refrig Age  Door Seal Condition

1. < 5 Yrs.	3. < 15 Yrs.	1. Good
2. < 10 Yrs.	4. > 15 Yrs.	2. Some Wear
		3. Visible Gaps

Or

Metered Consumption

Minutes  Defrost  Manual Defrost  Includes Defrost Cycle

Meter kWh

Temp F

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## HEALTH & SAFETY

### Whole House

#### Carbon Monoxide Measurements

#### Alarms Needed

- Smoke Detector
- CO Monitor

Rm with Heating System (ppm)

Rm with Water Heater (ppm)

Living Area (ppm)

Kitchen (ppm)

#### Comments

## Building Shell

### Attic

- Recessed Lights Present
- Chimney/Flue Incorect Shielding
- Wiring/Electrical Problems
- Inadequate Ventilation
- Water Leaks Present
- Moisture Problems Evident
- Vermiculite Present
- Other Problems

### Walls

- Wiring/Electrical Problems
- Water Leaks Present
- Moisture Problems Evident
- Lead Based Paint is Likely
- Asbestos in Siding is Likely
- Other Problems

### Crawlspace / Basement

- Vapor Barrier Needed
- Wiring/Electrical Problems
- Water Leaks Present
- Plumbing Leaks Present
- Moisture Problems Evident
- Other Problems

## Equipment

### Worse Case Condition Draft Measurements - SPACE HEATING SYSTEM

Date	Conducted During		SysCode	Outdoor Temp (F)	Draft (Pa or in H2O)	Spillage Time(sec)	Comments
	Audit	Inspection					
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	HSO__	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	HSO__	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	HSO__	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Worse Case Condition Draft Measurements - WATER HEATING SYSTEM

Date	Conducted During		SysCode	Outdoor Temp (F)	Draft (Pa or in H2O)	Spillage Time(sec)	Comments
	Audit	Inspection					
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	WHO__	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	WHO__	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Cook Stove CO Measurements

CO Measurement Oven (ppm)

CO Measurement Burner 1 (ppm)

CO Measurement Burner 2 (ppm)

CO Measurement Burner 3 (ppm)

CO Measurement Burner 4 (ppm)

Gas Leak Present

### Exhaust Fans

#### Bathrooms

- Missing
- Non Operational
- Improper Venting

#### Kitchen

- Missing
- Non Operational
- Improper Venting

### Wood Stove / Fireplace

- Wood Stove / Fireplace is Present
- Improper Venting
- Inadequate Combustion Air

### Clothes Dryer

- Improper Venting

### Air-to-Air Heat Exchanger

- Exist
- Non Operational

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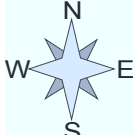
ClientID:

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Wall Type		Exterior Type		Wall Area Sq'		Exposure	Existing Insulation		Insulation to Add
1. Baloon Frame	4. Cinder Block	1. Wood	4. Brick(Stone)	<i>total gross area of the exterior wall, including windows and doors.</i>		1. Outside	1. None	4. Rockwool	1. None
2. Platform Frame	5. Adobe	2. Metal(Vinyl)	5. Masonite		2. Buffered	2. Bln Cellulose	5. Fiberglass Batts	2. Bln Cellulose	
3. Masonry / Stone	6. Other	3. Stucco	6. Other		3. Attic	3. Bln Fiberglass	6. Polystyrene / Other	3. Bln Fiberglass	

Walls	Wall Type	Stud Size	Exterior Type	W' / H'	Area Sq'	Orientation	Exposure	Exist. Insul.	Exist RVal	Add Insul / Add R
WALL 14										
WALL 15										
WALL 16										
WALL 17										
WALL 18										
WALL 19										
WALL 20										
WALL 21										
WALL 22										
WALL 23										
WALL 24										
WALL 25										

WindowType	Slider	Frame Type	Glazing	Interior Shade	Ext. Shade	Leakiness	Number	Retrofit	Fabric	Frame Sz
1. Jalousie	1. Horizontal	1. Wood / Vinyl	1. Single Pane	1. Drapes	1. Low E Film	1. Very Tight	# of windows with the same description on this wall.	1. Evaluate	C - Charcoal	1. 5/16
2. Slider	2. Vertical	2. Metal	2. Sngl. P. W/ Storm	2. Blinds / Shades	2. Solar Screen	2. Tight		2. Weatherize	B - Bronze	2. 3/8
3. Fixed	3. Left - Right	3. Improved Metal	3. Sngl P. Bad/ Storm	3. Drapes w/ Shades	3. Awning	3. Medium		3. Replace	G - Gray	<b>F.Color</b> B M W
4. Door Window	4. Right - Left	4. COLOR - B M W	4. Double Pane	4. None	4. Carport	4. Loose		4. Rep. W/Low E		
5. Door Slider			5. Dbl. P. W/ Low E		5. Porch	5. Very Loose		5. Add Storm		
6. Skylight					6. None			6. None		

S h a d e

Windows	Wall #	Type	Slider	Frame	Color	Glazing	Interior	Exterior	% Shade	Leakiness	# of Same	Retro	W "	H "	Fab	Frm	F.C
WIND 10																	
WIND 11																	
WIND 12																	
WIND 13																	
WIND 14																	
WIND 15																	
WIND 16																	
WIND 17																	
WIND 18																	
WIND 19																	



