

C. Lead Hazards *Questions for households in which a child may have elevated blood lead (EBL) level*

1. **If property is rental did landlord provide them a lead hazard disclosure pamphlet?** Y N N/A
2. **Have any children under age six (in the home) been tested for lead poisoning?** Y N N/A
3. **What were their results?** _____ Y N N/A
4. **Is anyone pregnant in the house?** Y N N/A
5. **Has this residence ever been tested for lead?** Y N N/A
6. **Is there chipping, flaking, or peeling paint anywhere in the home? Indicate locations:**
(If the house was constructed before 1978, there is a strong possibility that it contains lead based paint. If this paint is chipping or peeling, it may pose a threat to residents, particularly children. A trained lead assessor will conduct tests to ascertain hazard risk, but it is important to note in the table below the presence of any damage to the existing paint) Y N N/A
 EX Side ___ Foyer Side ___ DR Side ___ Bath Side ___ BR1 Side ___ BR3 Side ___
 H Side ___ LR Side ___ K Side ___ BA Side ___ BR2 Side ___ BR4 Side ___
7. **Has any renovation, repairs, or paint work taken place in the home in the past year? If yes, describe and indicate location(s):** _____ Y N N/A
 EX Side ___ Foyer Side ___ DR Side ___ Bath Side ___ BR1 Side ___ BR3 Side ___
 H Side ___ LR Side ___ K Side ___ BA Side ___ BR2 Side ___ BR4 Side ___

<input type="checkbox"/>	ACTIONS	<ul style="list-style-type: none"> • Recommend for Lead Risk Assessment? <input type="checkbox"/> Y <input type="checkbox"/> N • Children under age 6 must be tested for lead <input type="checkbox"/> Y <input type="checkbox"/> N
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D. Asthma *Questions for households in which a child has asthma*

1. **Does anyone in the residence suffer from.....?**

<input type="checkbox"/> Allergies	<input type="checkbox"/> Frequent ear infections	<input type="checkbox"/> Frequent headaches/migraines
<input type="checkbox"/> Asthma	<input type="checkbox"/> Skin infections/rashes	<input type="checkbox"/> Respiratory disease
<input type="checkbox"/> Chronic bronchitis	<input type="checkbox"/> Eye irritations	<input type="checkbox"/> Other RT afflictions such as
<input type="checkbox"/> Hay fever	<input type="checkbox"/> Sinus problems	_____
2. **In the past month:**
 - a How often did the child's asthma kept the parent home from work? _____ times
 - b How many days of school/daycare did the child missed due to asthma? _____ times
3. **In the past 6 months:**
 - a How often did the child's asthma kept the parent home from work? _____ times
 - b How many days of school/daycare did the child missed due to asthma? _____ times
4. **How would you rate child's asthma?**

<input type="checkbox"/> In control
<input type="checkbox"/> Out of control
<input type="checkbox"/> Somewhat in control

E. Indoor Pollutants

1. **Mold/Moisture**
 - a Are there areas with mold inside the home? Indicate where: Y N N/A
 EX Side ___ Foyer Side ___ DR Side ___ Bath Side ___ BR1 Side ___ BR3 Side ___
 H Side ___ LR Side ___ K Side ___ BA Side ___ BR2 Side ___ BR4 Side ___
 - b Are there areas with a moldy odor in the home? Indicate where: Y N N/A
 EX Side ___ Foyer Side ___ DR Side ___ Bath Side ___ BR1 Side ___ BR3 Side ___
 H Side ___ LR Side ___ K Side ___ BA Side ___ BR2 Side ___ BR4 Side ___
 - c Has there been any major flooding event (broken water pipe, backed up sewer line, etc.) in your home in the past year? Indicate where: Y N N/A
 EX Side ___ Foyer Side ___ DR Side ___ Bath Side ___ BR1 Side ___ BR3 Side ___
 H Side ___ LR Side ___ K Side ___ BA Side ___ BR2 Side ___ BR4 Side ___

d Is there water condensation on walls, windows, ceiling, or floor of the home? (Not including the bathroom after a shower) Indicate where: Y N N/A

EX Side ___ Foyer Side ___ DR Side ___ Bath Side ___ BR1 Side ___ BR3 Side ___
 H Side ___ LR Side ___ K Side ___ BA Side ___ BR2 Side ___ BR4 Side ___

e Has the occupant seen any water stains appear or grow during the past year? Where? Y N N/A

EX Side ___ Foyer Side ___ DR Side ___ Bath Side ___ BR1 Side ___ BR3 Side ___
 H Side ___ LR Side ___ K Side ___ BA Side ___ BR2 Side ___ BR4 Side ___

f Have there been any water leaks during the past year? Indicate where: Y N N/A

EX Side ___ Foyer Side ___ DR Side ___ Bath Side ___ BR1 Side ___ BR3 Side ___
 H Side ___ LR Side ___ K Side ___ BA Side ___ BR2 Side ___ BR4 Side ___

g Is there any CURRENT water leak in the home? Indicate where and describe: _____ Y N N/A

EX Side ___ Foyer Side ___ DR Side ___ Bath Side ___ BR1 Side ___ BR3 Side ___
 H Side ___ LR Side ___ K Side ___ BA Side ___ BR2 Side ___ BR4 Side ___

h Is there a dehumidifier in the home? Y N N/A

i Have the occupants used a dehumidifier in the past year? Y N N/A

j Is the sump pump working/draining properly? Y N N/A

2. **Tobacco Smoke**

a Smoking practices in the home? No smoking Outdoors Indoors N/A

b Total number of smokers living in home? # _____

3. **Pets**

a Are pets present in your home? Y N N/A

b How many pets? # _____

c Type of pets? Cats? _____ Dogs? _____ Other? _____

d Where are the pets kept? Full access to house Outside only
 Inside, but not in child's bedroom N/A

e Is there pet waste (i.e. Kitty litter box, feces) inside the residence? Where? Y N N/A

EX Side ___ Foyer Side ___ DR Side ___ Bath Side ___ BR1 Side ___ BR3 Side ___
 H Side ___ LR Side ___ K Side ___ BA Side ___ BR2 Side ___ BR4 Side ___

ACTIONS **Remove pet waste** Y N N/A
Clean pets living areas Y N N/A

4. **Pests**

a Are there **cockroaches** / **water-bugs** inside the home? Indicate where? Y N N/A

EX Side ___ Foyer Side ___ DR Side ___ Bath Side ___ BR1 Side ___ BR3 Side ___ High Infestation
 H Side ___ LR Side ___ K Side ___ BA Side ___ BR2 Side ___ BR4 Side ___ Low Infestation

b Are there **mice** inside the home? Indicate where? Y N N/A

EX Side ___ Foyer Side ___ DR Side ___ Bath Side ___ BR1 Side ___ BR3 Side ___ High Infestation
 H Side ___ LR Side ___ K Side ___ BA Side ___ BR2 Side ___ BR4 Side ___ Low Infestation

c Are there **rats** or **rat borrows** outside the home? Y N N/A

d Are there **rats** or **rat borrows** inside the home? Y N N/A

e Are there **bedbugs** in the home? Where? Y N N/A

EX Side ___ Foyer Side ___ DR Side ___ Bath Side ___ BR1 Side ___ BR3 Side ___
 H Side ___ LR Side ___ K Side ___ BA Side ___ BR2 Side ___ BR4 Side ___

ACTIONS **Needs to improve sanitation in the home** Y N
Recommend an IPM intervention? Y N

5. Pesticide Usage

- a How often are pesticides used in the home? Daily Monthly Not used
 Weekly Yearly
- b What types of pesticides are used? Spray Liquid Pellets N/A
 Gel Powder None
- c Who is treating for pests in the home? Certified PCO Yourself
 Non-certified person No one
- d If sprays/bombs are used, do occupants leave the home during its application? Y N N/A

6. Asbestos

- a Is there asbestos in the house? Indicate where: Y N N/A
 EX Side ___ Foyer Side ___ DR Side ___ Bath Side ___ BR1 Side ___ BR3 Side ___
 H Side ___ LR Side ___ K Side ___ BA Side ___ BR2 Side ___ BR4 Side ___
- b Has the home ever been tested for asbestos? Y N N/A
 Tested, none present Tested, present and mitigated
 Tested, present, not mitigated Not tested/don't know

ACTION **Home needs to be inspected for asbestos** Y N
Inform occupants of asbestos hazards in home Y N

7. Radon

- a Has the home ever been tested for radon? Y N N/A
 Tested, none present Tested, present and mitigated
 Tested, present, not mitigated Not tested/don't know

8. Other Irritants

- a Are **air fresheners** used in the home? Y N N/A
- b Are strong **fragrances or candles** used in the home? Y N N/A
- c Where are the cleaning solutions and pesticides stored in the home?
 EX Side ___ Foyer Side ___ DR Side ___ Bath Side ___ BR1 Side ___ BR3 Side ___
 H Side ___ LR Side ___ K Side ___ BA Side ___ BR2 Side ___ BR4 Side ___

F. Indoor Hazards Management

1. Cleaning Methods

- a What is the preferred method for cleaning? Damp mop & damp dusting Vacuum (non-HEPA) N/A
 Sweeping, dry dusting HEPA vacuum

ACTION **Recommend to used the damp mop & damp dusting method for cleaning** Y N N/A

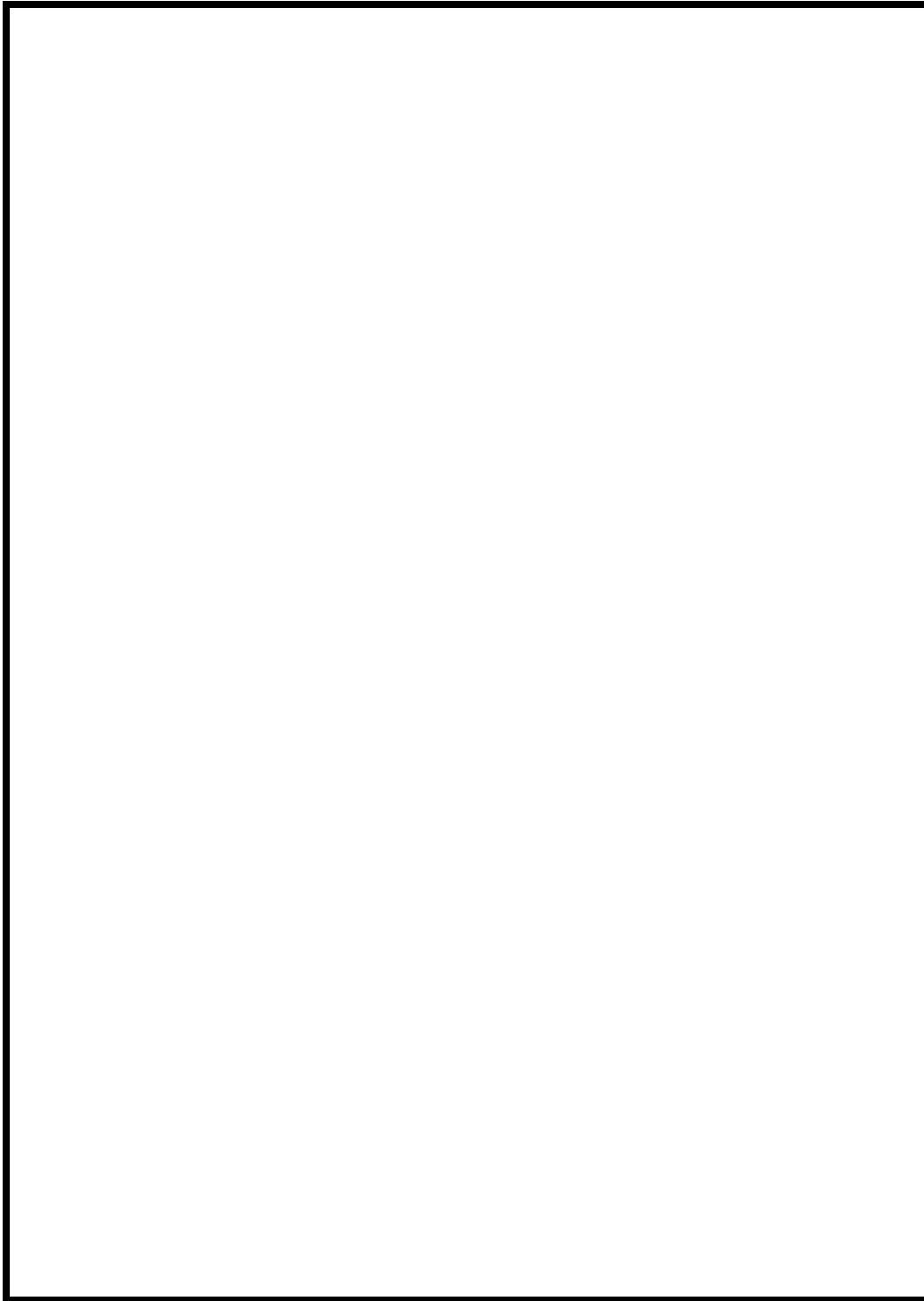
2. Ventilation

- a Does the air in the home feel stuffy? Y N N/A
- b Is the home drafty? Indicate where: Y N N/A
 Stairs Foyer Side ___ DR Side ___ Bath Side ___ BR1 Side ___ BR3 Side ___
 H Side ___ LR Side ___ K Side ___ BA Side ___ BR2 Side ___ BR4 Side ___
- c Have the occupants used an air filtering/purifying device in the past year? Y N N/A
- d What is the approximate time for last filter change? _____ N/A

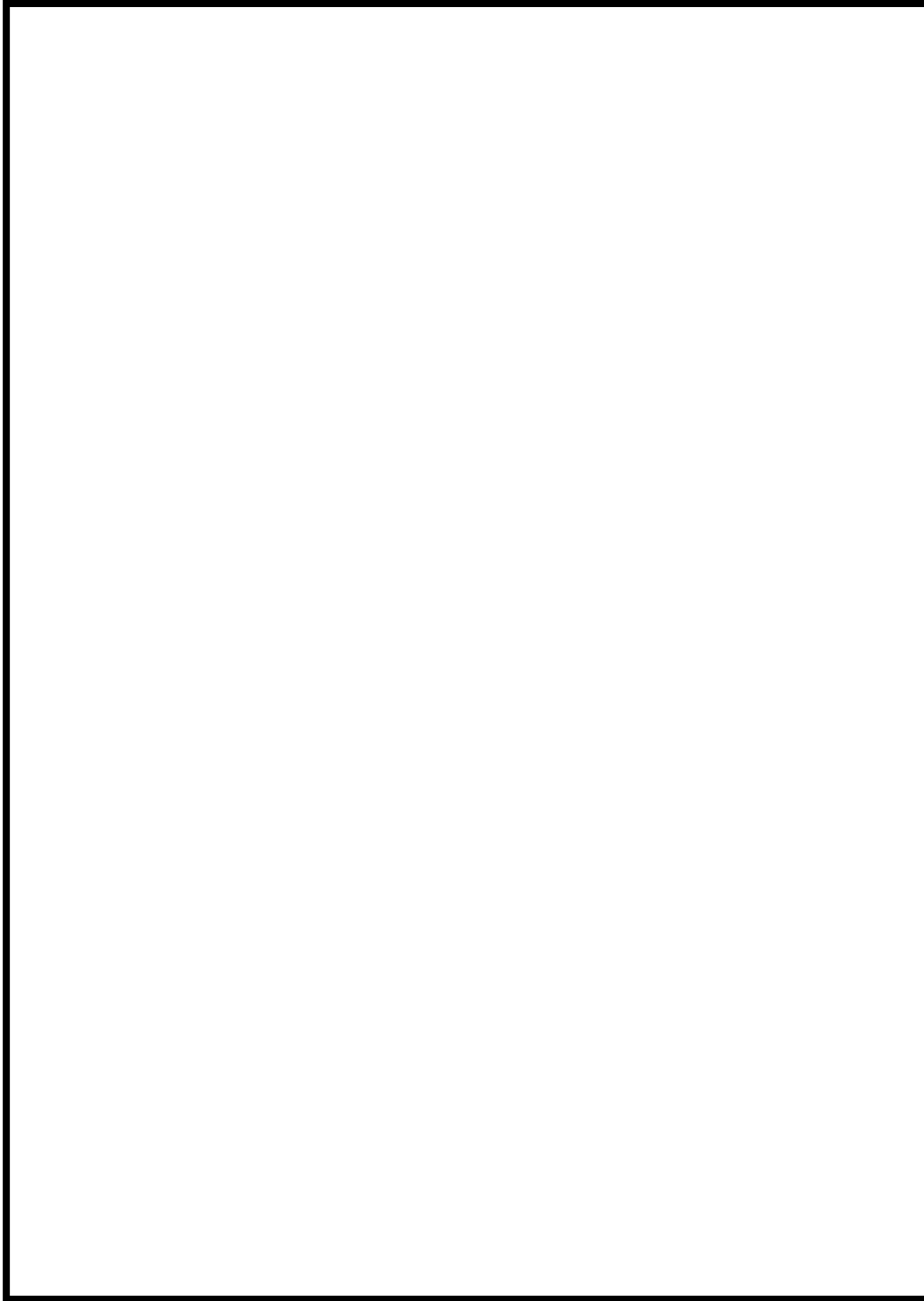
3. Heating *(See the Energy Audit for more detailed information on the heating system)*

- a Is there **heat** in the house? If not, explain reason: _____ Y N N/A
- b Have the occupants used the **oven** to heat the home in the past year? Y N N/A
- c Do the occupants use the thermostat to control the heat supplied? Y N N/A
- d Do the occupants use kerosene heaters in the home? Y N N/A

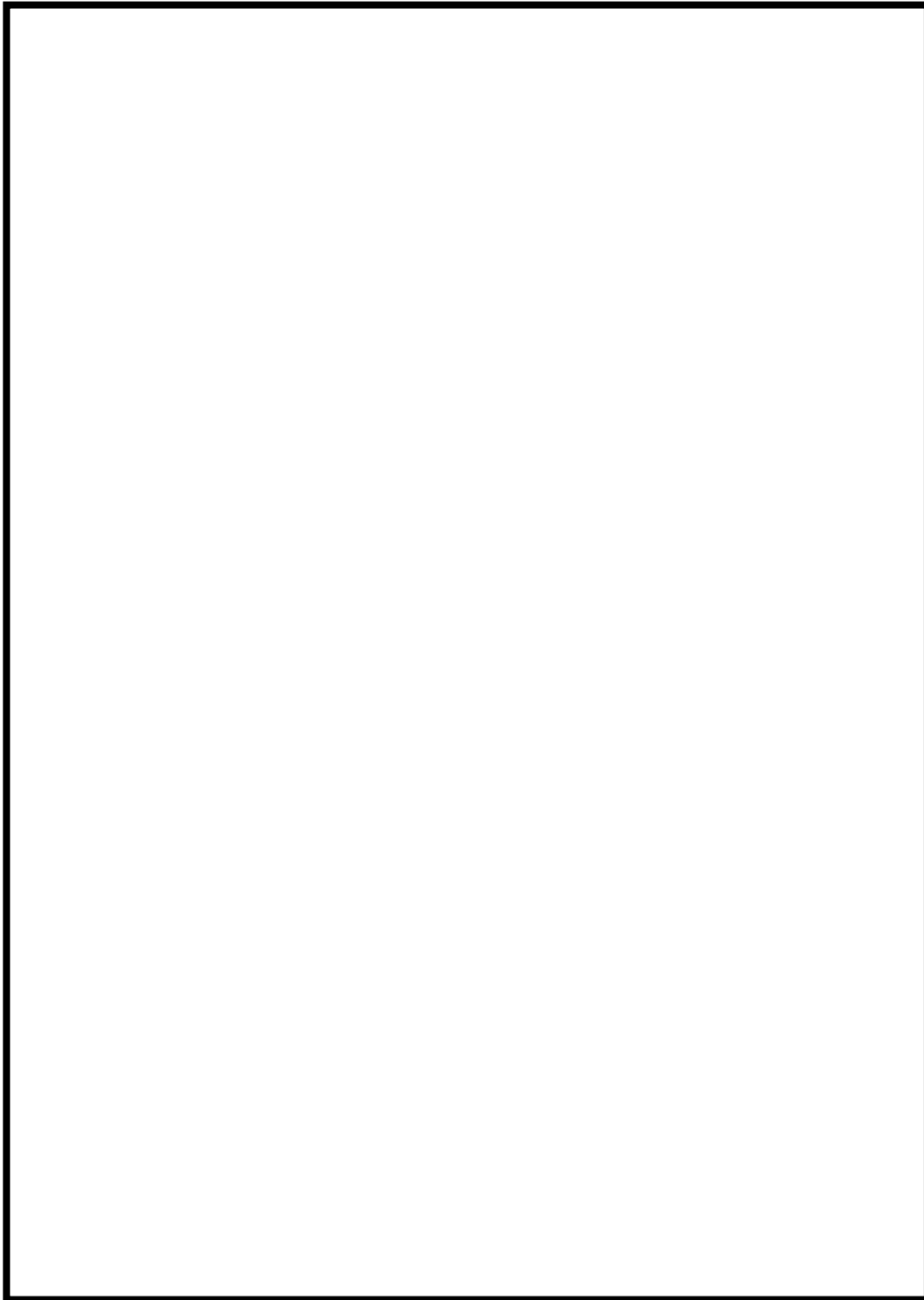
Sketch of rooms in residence, showing approximate square footage.

A large, empty rectangular box with a black border, intended for a hand-drawn sketch of a residence's rooms. The box is currently blank, providing space for the user to draw and label rooms, along with their approximate square footages.

Sketch of rooms in residence, showing approximate square footage.

A large, empty rectangular box with a black border, intended for a hand-drawn sketch of a residence's rooms. The box is oriented vertically and occupies most of the page's central area.

Sketch of rooms in residence, showing approximate square footage.

A large, empty rectangular box with a black border, intended for a hand-drawn sketch of a residence's rooms and their approximate square footages.

Health & Safety Audit

(In depth audit to be conducted by the Environmental Health Assessor)

A. Smoke Alarms

1. **Smoke alarms on each floor?** How Many? _____ Y N N/A
2. **Indicate location of Smoke alarms** *(Circle those units that are non-functional)*

<input type="checkbox"/> LR side _____	<input type="checkbox"/> BA side _____	<input type="checkbox"/> BR2 side _____	<input type="checkbox"/> BR4 side _____	<input type="checkbox"/> Attic side _____
<input type="checkbox"/> DR side _____	<input type="checkbox"/> BR1 side _____	<input type="checkbox"/> BR3 side _____	<input type="checkbox"/> K side _____	<input type="checkbox"/> Hall 2 nd Fl. side _____
3. **If battery operated, do the batteries need to be replaced?** *(Indicate above those needing batteries)* Y N N/A
4. **Are the smoke detectors hard-wired?** Y N N/A

ACTION	<ul style="list-style-type: none"> Smoke detectors installed: _____ Smoke detectors needing batteries to be replaced: _____
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B. Carbon Monoxide (CO) Detectors

1. **Are there unvented combustion appliances in the home? (Stove, space heater, etc.)?** Y N N/A
Indicate type and number _____
2. **CO Alarms present in the home?** How Many? _____ Y N N/A
3. **Indicate locations of CO detectors** *(Circle those units that are non-functional)*

<input type="checkbox"/> LR side _____	<input type="checkbox"/> BA side _____	<input type="checkbox"/> BR2 side _____	<input type="checkbox"/> BR4 side _____	<input type="checkbox"/> Attic side _____
<input type="checkbox"/> DR side _____	<input type="checkbox"/> BR1 side _____	<input type="checkbox"/> BR3 side _____	<input type="checkbox"/> K side _____	<input type="checkbox"/> Hall 2 nd Fl. side _____
4. **If battery operated, do the batteries need replacement?** *(Indicate above those needing batteries)* Y N N/A
5. **Are the CO Alarms hard-wired?** Y N N/A

ACTION	<ul style="list-style-type: none"> CO alarms installed: _____ CO alarms needing batteries to be replaced: _____
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C. Fire Exits

1. **Are there acceptable fire exits in the home?** Y N N/A
2. **Most acceptable fire exit (s) in the home are:**

<input type="checkbox"/> Front/back doors	<input type="checkbox"/> Fire ladder/stairs
<input type="checkbox"/> Windows 1 st Floor	<input type="checkbox"/> Other _____
3. **Are the fire exits blocked?** Y N N/A
4. **If yes, indicate reason:**

<input type="checkbox"/> Debris blocking exit	<input type="checkbox"/> Locked
<input type="checkbox"/> Nailed shut	<input type="checkbox"/> Other _____

ACTION	<ul style="list-style-type: none"> Recommend to _____
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D. Electrical Hazards

1. **Any exposed electric wires? Indicate where:** Y N N/A

<input type="checkbox"/> EX Side _____	<input type="checkbox"/> Foyer Side _____	<input type="checkbox"/> DR Side _____	<input type="checkbox"/> Bath Side _____	<input type="checkbox"/> BR1 Side _____	<input type="checkbox"/> BR3 Side _____
<input type="checkbox"/> H Side _____	<input type="checkbox"/> LR Side _____	<input type="checkbox"/> K Side _____	<input type="checkbox"/> BA Side _____	<input type="checkbox"/> BR2 Side _____	<input type="checkbox"/> BR4 Side _____
2. **Electrical outlets near water sources of the GFCI-type?** Y N N/A
3. **Electric outlets without a cover? Indicate where:** Y N N/A

<input type="checkbox"/> EX Side _____	<input type="checkbox"/> Foyer Side _____	<input type="checkbox"/> DR Side _____	<input type="checkbox"/> Bath Side _____	<input type="checkbox"/> BR1 Side _____	<input type="checkbox"/> BR3 Side _____
<input type="checkbox"/> H Side _____	<input type="checkbox"/> LR Side _____	<input type="checkbox"/> K Side _____	<input type="checkbox"/> BA Side _____	<input type="checkbox"/> BR2 Side _____	<input type="checkbox"/> BR4 Side _____
4. **Any other electrical hazard in the house? Indicate where:** Y N N/A

<input type="checkbox"/> EX Side _____	<input type="checkbox"/> Foyer Side _____	<input type="checkbox"/> DR Side _____	<input type="checkbox"/> Bath Side _____	<input type="checkbox"/> BR1 Side _____	<input type="checkbox"/> BR3 Side _____
<input type="checkbox"/> H Side _____	<input type="checkbox"/> LR Side _____	<input type="checkbox"/> K Side _____	<input type="checkbox"/> BA Side _____	<input type="checkbox"/> BR2 Side _____	<input type="checkbox"/> BR4 Side _____

5. Any overloaded electric outlet or power strip in the home? Indicate where: Y N N/A
- EX Side ___ Foyer Side ___ DR Side ___ Bath Side ___ BR1 Side ___ BR3 Side ___
 H Side ___ LR Side ___ K Side ___ BA Side ___ BR2 Side ___ BR4 Side ___

ACTION • Recommend to _____

E. Children Safety

1. Are cleaning products, pesticides, or toxic chemicals inaccessible to children. If not why? _____ Y N N/A

2. Any choking hazards within reach of toddler? (I.e. window cords, etc.) Describe and indicate where: _____ Y N N/A

EX Side ___ Foyer Side ___ DR Side ___ Bath Side ___ BR1 Side ___ BR3 Side ___
 H Side ___ LR Side ___ K Side ___ BA Side ___ BR2 Side ___ BR4 Side ___

3. All radiators are covered with radiator covers? If not, indicate where: Y N N/A

LR Side ___ Bath Side ___ BR1 Side ___ BR3 Side ___ K Side ___
 DR Side ___ BA Side ___ BR2 Side ___ BR4 Side ___ Hallway Side ___

4. If there is a crib in the home, does the crib mattress fit securely? (If infants under 1 year old) Y N N/A

5. Is crib located in a safe place? If not describe hazard: _____ Y N N/A

6. Is the crib located near/below a wooden window? (In homes constructed before 1978) Y N N/A

7. If yes, please describe condition of window frame Good Poor

8. Safety cabinet locks in the kitchen and bathroom cabinets? Y N N/A

9. Safety covers for electrical outlets in the home? Y N N/A

10. Are matches and lighters inaccessible to children? Y N N/A

11. Are drugs and medicine inaccessible to children? Y N N/A

ACTION • Install safety cabinet locks Y N N/A
 • Install outlet covers Y N N/A

ACTIONS • Store toxic products in a safe area Y N N/A
 • Install radiator covers Y N N/A
 • Relocate crib away from hazards Y N N/A

F. Clutter

1. Presence of clutter in the home? Indicate where: Y N N/A

LR Side ___ Bath Side ___ BR1 Side ___ BR3 Side ___ K Side ___
 DR Side ___ BA Side ___ BR2 Side ___ BR4 Side ___ Hallway Side ___

2. Does it present a mobility hazard within the house? Indicate where: Y N N/A

LR Side ___ Bath Side ___ BR1 Side ___ BR3 Side ___ K Side ___
 DR Side ___ BA Side ___ BR2 Side ___ BR4 Side ___ Hallway Side ___

3. Presence of pests in the clutter? Describe: _____ Y N N/A

ACTION • Recommend to _____

G. Stairs & Railings Safety

- | | | | | |
|----|---|--|---|--|
| 1. | Are there exterior stairs with more than 3 steps present? | <input type="checkbox"/> Front | <input type="checkbox"/> Back | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 2. | Condition of exterior stairs? | <input type="checkbox"/> Front | <input type="checkbox"/> Good <input type="checkbox"/> Poor | |
| | | <input type="checkbox"/> Back | <input type="checkbox"/> Good <input type="checkbox"/> Poor | |
| 3. | Are there interior stairs with more than 3 steps present? | <input type="checkbox"/> 2 nd Floor | <input type="checkbox"/> Basement | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| 4. | Condition of interior stairs? If poor explain why? _____ | <input type="checkbox"/> 2 nd Floor | <input type="checkbox"/> Good <input type="checkbox"/> Poor | |
| | | <input type="checkbox"/> Basement | <input type="checkbox"/> Good <input type="checkbox"/> Poor | |
| 5. | Are there unsafe hand rails present for stairs of more than 3 steps?
Explain why: _____

_____ | <input type="checkbox"/> Front | <input type="checkbox"/> Back | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| | | <input type="checkbox"/> 2 nd Floor | <input type="checkbox"/> Basement | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| | | | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |

<div style="background-color: #008000; color: white; padding: 5px; display: inline-block;">ACTION</div>	<ul style="list-style-type: none"> Recommend to _____ _____
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H. Structural Hazards

- | | | | |
|----|--|---|--|
| 1. | What is the condition of the roof?
If poor, describe hazards and its location: _____
_____ | <input type="checkbox"/> Good <input type="checkbox"/> Poor | |
| | <input type="checkbox"/> Side A <input type="checkbox"/> Side B <input type="checkbox"/> Side C <input type="checkbox"/> Side D | | |
| 2. | Any defective flashing? Indicate where: _____ | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| | <input type="checkbox"/> Side A <input type="checkbox"/> Side B <input type="checkbox"/> Side C <input type="checkbox"/> Side D | | |
| 3. | What is the condition of the ceiling?
If poor, describe hazards and its location: _____
_____ | <input type="checkbox"/> Good <input type="checkbox"/> Poor | |
| | <input type="checkbox"/> LR Side _____ <input type="checkbox"/> Bath Side _____ <input type="checkbox"/> BR1 Side _____ <input type="checkbox"/> BR3 Side _____ <input type="checkbox"/> K Side _____
<input type="checkbox"/> DR Side _____ <input type="checkbox"/> BA Side _____ <input type="checkbox"/> BR2 Side _____ <input type="checkbox"/> BR4 Side _____ <input type="checkbox"/> H Side _____ | | |
| 4. | What is the condition of the floors?
If poor, describe hazards and its location: _____
_____ | <input type="checkbox"/> Good <input type="checkbox"/> Poor | |
| | <input type="checkbox"/> LR Side _____ <input type="checkbox"/> Bath Side _____ <input type="checkbox"/> BR1 Side _____ <input type="checkbox"/> BR3 Side _____ <input type="checkbox"/> K Side _____
<input type="checkbox"/> DR Side _____ <input type="checkbox"/> BA Side _____ <input type="checkbox"/> BR2 Side _____ <input type="checkbox"/> BR4 Side _____ <input type="checkbox"/> H Side _____ | | |
| 5. | What is the condition of the walls?
If poor, describe hazards and its location: _____
_____ | <input type="checkbox"/> Good <input type="checkbox"/> Poor | |
| | <input type="checkbox"/> LR Side _____ <input type="checkbox"/> Bath Side _____ <input type="checkbox"/> BR1 Side _____ <input type="checkbox"/> BR3 Side _____ <input type="checkbox"/> K Side _____
<input type="checkbox"/> DR Side _____ <input type="checkbox"/> BA Side _____ <input type="checkbox"/> BR2 Side _____ <input type="checkbox"/> BR4 Side _____ <input type="checkbox"/> H Side _____ | | |
| 6. | What is the condition of the foundation?
If poor, describe hazards and its location: _____
_____ | <input type="checkbox"/> Good <input type="checkbox"/> Poor | |
| | <input type="checkbox"/> LR Side _____ <input type="checkbox"/> Bath Side _____ <input type="checkbox"/> BR1 Side _____ <input type="checkbox"/> BR3 Side _____ <input type="checkbox"/> K Side _____
<input type="checkbox"/> DR Side _____ <input type="checkbox"/> BA Side _____ <input type="checkbox"/> BR2 Side _____ <input type="checkbox"/> BR4 Side _____ <input type="checkbox"/> Hallway Side _____ | | |
| 7. | Are there any other structural hazards on the exterior of home? Describe and indicate location: _____
_____ | | <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A |
| | <input type="checkbox"/> Side A <input type="checkbox"/> Side B <input type="checkbox"/> Side C <input type="checkbox"/> Side D | | |
| 8. | What is the general condition of the windows? | <input type="checkbox"/> Good <input type="checkbox"/> Poor | |
| 9. | What is the general condition of the window frames? | <input type="checkbox"/> Good <input type="checkbox"/> Poor | |

If poor or missing, describe hazards and its location: _____

LR Side ____ Bath Side ____ BR1 Side ____ BR3 Side ____ K Side ____
 DR Side ____ BA Side ____ BR2 Side ____ BR4 Side ____ Hallway Side ____
 Good Poor

10. **What is the general condition of the doors?**

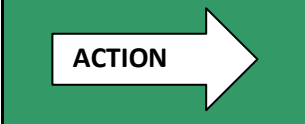
If poor or missing, describe hazards and its location: _____

LR Side ____ Bath Side ____ BR1 Side ____ BR3 Side ____ K Side ____
 DR Side ____ BA Side ____ BR2 Side ____ BR4 Side ____ Hallway Side ____

11. **Is there any rotted wood in the house? Describe and indicate where:** _____

Y N N/A

LR s ____ Bath s ____ BR1 s ____ BR3 s ____ K s ____
 DR s ____ BA s ____ BR2 s ____ BR4 s ____ Hall s ____



• **Recommend to** _____

I. Lighting

1. **Is outdoor lighting present?** Front Back Y N N/A

2. **Is there appropriate lighting on the stairs? If not, indicate where:** _____ Y N N/A

3. **Are there rooms without proper lighting? Indicate where:** _____ Y N N/A

LR Side ____ Bath Side ____ BR1 Side ____ BR3 Side ____ K Side ____
 DR Side ____ BA Side ____ BR2 Side ____ BR4 Side ____ Hallway Side ____



• **Recommend to** _____

J. Waste Management

1. Area of the house	Presence of trash	Trash can present	Covered trash can
Kitchen	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Bathrooms	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Outside	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Other: _____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N



• **Recommend to** _____

Notes:

Energy Audit

(To be conducted by an Energy Auditor)

A. Exterior Inspection

1. Exterior composite	<input type="checkbox"/> Asbestos/cement	<input type="checkbox"/> Vinyl	<input type="checkbox"/> Block	<input type="checkbox"/> Board
	<input type="checkbox"/> Brick	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Wood	<input type="checkbox"/> Other _____
2. General condition of the exterior surfaces?	<input type="checkbox"/> Good		<input type="checkbox"/> Poor	
3. Is the exterior painted?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A			
4. Condition of paint	<input type="checkbox"/> Good		<input type="checkbox"/> Poor	
5. Is there chipping, peeling or flaking paint? If yes, where?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A			
<input type="checkbox"/> EX Side	<input type="checkbox"/> Foyer Side	<input type="checkbox"/> DR Side	<input type="checkbox"/> Bath Side	<input type="checkbox"/> BR1 Side
<input type="checkbox"/> H Side	<input type="checkbox"/> LR Side	<input type="checkbox"/> K Side	<input type="checkbox"/> BA Side	<input type="checkbox"/> BR2 Side
			<input type="checkbox"/> BR3 Side	<input type="checkbox"/> BR4 Side

B. Gutters & Downspouts: Exterior Moisture

1. Presence of gutters & downspouts?			<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
2. General condition of gutters & downspouts?	<input type="checkbox"/> Good <input type="checkbox"/> Poor		
If poor, describe defects and its location: _____			
3. Location of missing gutters & downspouts:	<input type="checkbox"/> Side A <input type="checkbox"/> Side C		
	<input type="checkbox"/> Side B <input type="checkbox"/> Side D		
4. Do downspouts drain water away from dwelling?			<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
5. Are gutters aligned for proper drainage?			<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
6. Are gutters clogged?			<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
7. Drainage Plane: Does the land slope toward the dwelling?			<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

ACTION	<ul style="list-style-type: none"> Recommend to _____
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C. Exterior Doors

	Front Door	Rear Door
1. Is weather-stripping present on each door?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
2. Are thresholds present on each door?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

ACTION	<ul style="list-style-type: none"> Install weather stripping on door frames Install door sweeper under the door 	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
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D. Exterior Windows

1. Total number of windows?		# _____
<input type="checkbox"/> Side A = _____	<input type="checkbox"/> Side B = _____	<input type="checkbox"/> Side C = _____
		<input type="checkbox"/> Side D = _____
2. Type of windows?	<input type="checkbox"/> Single pane wood <input type="checkbox"/> Single pane wood <input type="checkbox"/> Triple pane wood <input type="checkbox"/> Triple pane wood <input type="checkbox"/> Single pane metal <input type="checkbox"/> Single pane metal <input type="checkbox"/> Triple pane vinyl <input type="checkbox"/> Triple pane vinyl	
3. Average age and size of windows?	Age _____	Size _____
4. Any signs of condensation? Indicate where:	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
<input type="checkbox"/> LR Side _____	<input type="checkbox"/> Bath Side _____	<input type="checkbox"/> BR1 Side _____
<input type="checkbox"/> DR Side _____	<input type="checkbox"/> BA Side _____	<input type="checkbox"/> BR2 Side _____
		<input type="checkbox"/> BR3 Side _____
		<input type="checkbox"/> K Side _____
		<input type="checkbox"/> BR4 Side _____
		<input type="checkbox"/> Hallway Side _____

ACTION	<ul style="list-style-type: none"> Recommend to _____ _____
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E. Crawlspace & Basement

1.	What is the foundation/basement type:	<input type="checkbox"/> Full basement <input type="checkbox"/> Finished <input type="checkbox"/> Full basement, partially finished <input type="checkbox"/> Crawlspace <input type="checkbox"/> Combo (full/crawl)	
2.	Foundation wall composite:	<input type="checkbox"/> Block <input type="checkbox"/> Brick <input type="checkbox"/> Wood <input type="checkbox"/> Other	
3.	Is the foundation vented?		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
4.	How is the foundation vented? Explain: _____		
5.	Type of crawlspace?	<input type="checkbox"/> Open <input type="checkbox"/> Enclosed	<input type="checkbox"/> N/A
6.	Intentionally heated?		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
7.	R-19 Insulation present? How much is present? _____ inches/R-_____		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
8.	Vapor barrier present?		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
10.	If yes, is it continuous?		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
11.	Is the ceiling insulated?		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
12.	Are there windows in the basement?		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
13.	Type of windows?	<input type="checkbox"/> Single pane wood <input type="checkbox"/> Double pane wood <input type="checkbox"/> Triple pane wood <input type="checkbox"/> Glass block <input type="checkbox"/> Single pane metal <input type="checkbox"/> Double pane vinyl <input type="checkbox"/> Triple pane vinyl <input type="checkbox"/> Other	<input type="checkbox"/> N/A
14.	If wood, what is the condition of the paint?	<input type="checkbox"/> Good <input type="checkbox"/> Poor	<input type="checkbox"/> N/A
15.	Are the walls insulated?	<input type="checkbox"/> Fiberglass <input type="checkbox"/> Foam <input type="checkbox"/> Other	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
16.	Is the ceiling Insulated?	<input type="checkbox"/> Fiberglass <input type="checkbox"/> Foam <input type="checkbox"/> Other	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
17.	Any moisture barrier?		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

ACTION	<ul style="list-style-type: none"> Recommend to _____ _____
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F. Sewer Lines

1.	Condition of main sewer line?	<input type="checkbox"/> Good <input type="checkbox"/> Poor	
2.	Indications of sewage backups?		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
3.	Does the clean-out have a cap?		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

ACTION	<ul style="list-style-type: none"> Add a cap to the clean-out? Size? _____ 	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
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G. Heating System

1.	System type:	<input type="checkbox"/> Forced air furnace <input type="checkbox"/> Gravity furnace	
2.	If Forced Air , what type?	<input type="checkbox"/> Conventional <input type="checkbox"/> Mid-efficiency <input type="checkbox"/> High efficiency	<input type="checkbox"/> N/A <input type="checkbox"/> N/A <input type="checkbox"/> N/A
3.	If, Gravity Furnace , what type?	<input type="checkbox"/> Steam boiler system <input type="checkbox"/> Hot water boiler System	<input type="checkbox"/> N/A <input type="checkbox"/> N/A
4.	Condition of heating system	<input type="checkbox"/> Good <input type="checkbox"/> Poor	

If poor, describe defects and its location: _____

- 3. Heating system fuel source? Oil Gas Electric
- 4. Age of the heating system? _____ yrs
- 5. Does heating system work? Y N N/A
- 6. If not, for how long has not been working? _____
If not, how is house heated? _____ N/A
- 7. Is flue sloped upward? Y N N/A
- 8. Is flue sealed at chimney? Y N N/A
- 9. Does the chimney show signs of deterioration? Y N N/A
- 10. Does the chimney appear to be blocked? Y N N/A
- 11. Does the chimney need a cap? Y N N/A

Heating System	12. Manufacturer: _____	Model # _____
	13. System size: _____	Last service date: _____
	14. Output (Btuh): _____	Input (Btuh): _____
	15. Efficiency: _____	Set point Temp: _____

- 16. Type of filter? Washable Disposable N/A
- 17. Condition of the air filter? Good Poor N/A
- 18. Filter size: _____ N/A
- 19. Is filter easily accessible for family maintenance? Y N N/A
- 20. Is the filter designed and positioned to filter return air? Y N N/A
- 21. Does the filter need a cover? Y N N/A

- 22. Space heater (ductless) present? Y N N/A
- If yes, what type of space heater? Electric Kerosene N/A
- If yes, indicate locations for space heaters: N/A

<input type="checkbox"/> LR	<input type="checkbox"/> Bath	<input type="checkbox"/> BR1	<input type="checkbox"/> BR3	<input type="checkbox"/> K
<input type="checkbox"/> DR	<input type="checkbox"/> BA	<input type="checkbox"/> BR2	<input type="checkbox"/> BR4	<input type="checkbox"/> Hallway

<input type="checkbox"/>	ACTION	<ul style="list-style-type: none"> • Provide service to heating system <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A • Replace heating unit <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A • Replace air filter in furnace. <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
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- 23. Forced Air
 - a Does the chimney share the flue and supply ducts? Y N N/A
 - b Air return duct? Y N N/A
 - c Is the furnace's blower clean? Y N N/A
 - d Does the fan make noises? Y N N/A

- 24. Gravity Furnace
 - a Condition of the boiler? Good Poor
 - b Pressure relief valve? Y N N/A
 - c Is the pressure relief in good condition? Y N N/A
 - d Does the unit make noises upon startup? Y N N/A
 - e PSI rating? If yes, what is the low limit set point? _____ Y N N/A

<input type="checkbox"/>	ACTION	<ul style="list-style-type: none"> • Recommend to _____
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H. Distribution System

- 1. Type of heat distribution system? Radiator hot water Gravity system Circulator Baseboards

- Radiator steam
- Gravity duct
- Forced air vents
- Other
- Good
- Poor

5. **Condition of distribution ducts?**
 If poor, describe defects and its location: _____

6. **Are there any ducts/pipes inside unconditioned spaces?** Y N N/A

7. **If yes, do they need to be sealed? How much?** _____ Y N N/A

8. **Does visible steam/water escape from the piping or vents?** Y N N/A

9. **Are the steam distribution pipes insulated? How many feet?** Y N N/A

10. **If boiler, are pipes wrapped? If not, what size?** _____ Y N N/A

11. **Do radiators heat completely?** Y N N/A

If not, indicate locations of problem radiators by room Y N N/A

- LR Side _____
- Bath Side _____
- BR1 Side _____
- BR3 Side _____
- K Side _____

- DR Side _____
- BA Side _____
- BR2 Side _____
- BR4 Side _____
- Hallway Side _____

12. **Is asbestos present in the system?** Y N N/A

If yes, where? In the distribution In the unit N/A

	<ul style="list-style-type: none"> Clean distribution ducts <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A Repair radiators <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A Inspect for presence of asbestos <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A Seal heating ducts/pipes <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A Other _____
--	---

J. Cooling System

1. **Type of cooling system?** Central air conditioning Window a/c units
 Fans None

2. **If window units are used, indicate locations:**

- LR Side _____
- Bath Side _____
- BR1 Side _____
- BR3 Side _____
- K Side _____

- DR Side _____
- BA Side _____
- BR2 Side _____
- BR4 Side _____
- Hallway Side _____

3. **Are window units angled down to drain condensation?** Y N N/A

4. **Type of system:** Gas Electric

5. **Model #:** _____ **Efficiency:** _____

6. **System age?** _____ years **Output:** _____ **Set point:** _____

7. **Is a programmable thermostat present?** Y N N/A

	<ul style="list-style-type: none"> Provide service to central air <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A Install programmable thermostat <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
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K. Hot Water System

1. **What is the location of the water heater?**

- LR Side _____
- Bath Side _____
- BR1 Side _____
- BR3 Side _____
- K Side _____

- DR Side _____
- BA Side _____
- BR2 Side _____
- BR4 Side _____
- Hallway Side _____

2. **What is the primary fuel source?** Natural gas Electric Propane

3. **Manufacturer:** _____ **Input:** _____ BTU

4. **Model #:** _____ _____ years

5. **Hot water heater size:** _____ gallons **Last service date:** _____

Current Temp. setting _____ **Hot Water Temp.** _____ **New Temp. Setting** _____

6. **Insulation blanket present?** Y N N/A

7. **Condition of flue** Good Poor

8. **Rust on flue?** Y N N/A

9. **Drop tube present on hot water heater?** Y N N/A

- 10. Pressure relief valve present on hot water heater? Y N N/A
- 11. Pressure relief valve condition? Good Poor
- 12. Any leaks? If yes, where? _____ Y N N/A
- 13. Broken fixtures? If yes, where? _____ Y N N/A
- 14. Hot water pipe material? Galvanized Copper PVC
- 15. Pipe insulation present? Y N N/A

<input type="checkbox"/>	<ul style="list-style-type: none"> Repair flue <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A Install insulation blanket? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A Install a drop tube? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A Install a pressure relief valve? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A Install pipe insulation? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
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L. Water Conservation

- 1. Does bathroom need low flow toilet? Which bathroom? _____ Y N N/A
- 2. Does bathroom need low flow shower heads? Which bathroom? _____ Y N N/A
- 3. Does bathroom need low flow Low flow aerators? Which bathroom? _____ Y N N/A

<input type="checkbox"/>	<ul style="list-style-type: none"> Install shower heads and/or aerators <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A Install a low flow toilet <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
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M. Mechanical Ventilation

- 1. Are there windows in the bathrooms that can be used for ventilation? Y N N/A
- 2. Are there exhaust fans in the bathrooms? Y N N/A
- 3. If present, do the exhaust fans work? Y N N/A
- 4. Are there windows in the kitchen that can be used for ventilation? Y N N/A
- 5. Is there a stove vent or exhaust fan to the outside in the kitchen? Y N N/A
- 6. If present, does the stove vent or exhaust fan work? Y N N/A
- 7. Is the dryer vented to the outside? Y N N/A

<input type="checkbox"/>	<ul style="list-style-type: none"> Install exhaust fans in bathrooms <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A Install exhaust fans in kitchen <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A Install vent for dryer <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
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N. Lighting Assessment

Room		Number of light bulbs present				Light bulb type CFL or INCAND		Wattage	Usage (Hrs/day)
		1	2	3	4	CFL	INCAND		
1.	Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.	Living Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.	Dining Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.	Bedroom 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.	Bedroom 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.	Bedroom 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.	Hall 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8.	Hall 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9.	Main bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10.	Bathroom 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11.	Bathroom 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12.	Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13.	Porch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
14.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Total bulbs replaced: _____		Total bulbs in home: _____							

O. Appliances Assessment

Appliances	Present?	Condition?	Age?	Clean?	Energy Star?
Stove/Oven					
Gas.....	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Good <input type="checkbox"/> Poor			<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N
Electric.....	<input type="checkbox"/>				
Vented.....	<input type="checkbox"/>				
Gas line original.....	<input type="checkbox"/>				
Gas line replaced.....	<input type="checkbox"/>				

(in Baltimore, gas lines that have been replaced in the past 25 years are yellow)

Refrigerator	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Good <input type="checkbox"/> Poor		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Freezer Chest size: _____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Good <input type="checkbox"/> Poor		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Dehumidifier	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Good <input type="checkbox"/> Poor		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Washer					
Top Loader.....	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Good <input type="checkbox"/> Poor			<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N
Front Loader.....	<input type="checkbox"/>				
Dryer					
Gas.....	<input type="checkbox"/>	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Good <input type="checkbox"/> Poor			<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N
Electric.....	<input type="checkbox"/>				
Vented.....	<input type="checkbox"/>				
Other _____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Good <input type="checkbox"/> Poor		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

Credit to the Maryland Weatherization Assistance Program Application

P. Air Infiltration Reduction

Blower Door Test

a. Record airflow in CFM at 50 Pa of pressure	_____ CFM ₅₀
b. Reduction target	_____ CFM ₅₀

Calculations to determine BAS *(Building Airflow Standard = amount of ventilation the house should have)*

a. House volume	_____ ft ³
b. Calculate Building Airflow = 0.35 x volume / 60 =	_____ cmf
c. Calculate People Airflow = (# Bedrooms + 1) x 15 =	_____ cmf
d. Between b & c, which is larger? (This is the BAS)	_____ cmf
e. Multiply BAS x 0.7 =	_____ cmf
f. Enter the blower door reading from section above	_____ CMF ₅₀
g. Divide by N (N = _____)	_____ cmf
h. Is mechanical Ventilation recommended / required per BAS scale?	<input type="checkbox"/> Y <input type="checkbox"/> N

Calculate air changes per hour

a. Blower door reading from Step f =	_____ CMF ₅₀
b. House volume from Step a =	_____ ft ³
c. CMF ₅₀ x 60/volume =	_____ ACH ₅₀
d. ACH ₅₀ /N =	_____ ACH _{NAT}

Q. Combustible Systems Diagnostics

1. Heating System Diagnostics

Efficiency % _____	CO ₂ % _____	CO ₂ % _____	
Net stalk temperature: _____	CO _____ ppm	CO (AF) _____ ppm	

2. Hot Water System Combustion Diagnosis

CO _____ ppm	CO ₂ % _____	CO ₂ % _____	
CO (AF) _____ ppm	Efficiency % _____		

3. Combusting Efficiency

Water Heater	_____ % (if 75% or lower, recommend tune up or change out)	
Heating	_____ % (if 80% or lower, recommend tune up or change out)	

4. Back-draft and Carbon Monoxide Testing Results

	Spillage (Enter PASS or FAIL below)				Draft Test				Carbon Monoxide Stand Alone Test (Enter units in PPM below)	
	Stand Alone Test		Combined Test		Stand Alone Test		Combined Test		Pre	Post
	Worst Case	Normal	Worst Case	Normal	Pre	Post	Pre	Post		
Water Heater	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail						
Heating	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail						

Scope of Work for Energy Audit (EA), Health and Safety Audits (HAS)

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