

Building Address: _____

Data Collected by _____

Audit Date: _____

General

City for Weather Data: _____

Terrain: Urban Dense urban Suburban Open land Water
(please circle)

Shielding: None Light Moderate Heavy Very heavy
(please circle)

Ground Surface: Old Concrete New Concrete Crushed Rock
(please circle)
Tar and Gravel Parking Lot Green Grass

Number of Heated Floors: _____ **Number of Dwelling Units:** _____

Ceiling height (ft): _____ **Dwelling Mass:** Heavy Med Light
(please circle)

Above Grade Height (ft): _____ **Exterior Perimeter (ft):** _____

Cooling Equipment: Room Air Conditioning Central Air Heat Pump Other: _____

Number of room air conditioners: _____

AUDITOR

Rated Cooling Capacity Per Unit(btu/hr): _____ *(default: 8000 btu/hr per unit)*

Energy Efficiency Rating (eer): _____ *(default: 8.00)*

Cooling Day Thermostat Setting: _____ F *(default: 78F)*

Cooling Night Thermostat Setting:

_____ F

(default: 78F)

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Infiltration

Infiltration Measured: Blower Door cfm Measured at 50 Pa Total Leakage Area Measured
(please circle)

Estimated Air Changes / Hour (*default*) Not Measured

Estimated Air Changes/hr: _____ (*reasonable range: 0.4-1.2*)

Mechanical Ventilation: *None* Year Round (fill out all of the below)

Summer Only exhaust flow rate _____

supply flow rate _____

Winter Only exhaust flow rate _____

supply flow rate _____

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Economics

Primary Space Heating Fuel: (please circle)	Gas	Secondary Space Heating Fuel: (please circle)	Gas
	#2 Oil		#2 Oil
	#4 Oil		#4 Oil
	#6 Oil		#6 Oil

Domestic Hot Water Fuel: Gas
(please circle)

#2 Oil
#4 Oil
#6 Oil

Metering: (please circle)	Gas:	Master	Direct	
	Electric:	Master	Direct	Sub

NOTE: ASK SUPERINTENDENT IF THE TENANTS ARE PAYING FOR THEIR OWN ELECTRICITY (OR GAS). IF THE TENANTS ARE RESPONSIBLE FOR THEIR OWN ELECTRICITY (OR GAS) BILLS, THEN THE BUILDING IS DIRECT METERED FOR ELECTRICITY (OR GAS). IF THE OWNER PAYS FOR ELECTRICITY (OR GAS), THE BUILDING IS MASTER METERED.

ANOTHER WAY OF TELLING IF THE BUILDING IS DIRECTLY METERED FOR ELECTRICITY (OR GAS) IS TO CHECK THE METER ROOMS. IF THE NUMBER OF ELECTRIC METERS (OR GAS METERS) IS THE SAME WITH THE NUMBER OF UNITS IN THE BUILDING, THEN BUILDING IS DIRECTLY METERED.

AUDITOR

Maximum expenditure: _____

Economic time horizon: default, 15 **Real discount rate:** default, 3.0

Consider switching to gas: Yes No

(please circle)

Consider switching electric rates: Yes No

(please circle)

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Heating System

Heating equipment type:

(please circle)

- Oil boiler w/atomizing burner
- Oil boiler w/rotary-cup burner
- Oil boiler w/ modulating burner
- Power gas boiler
- Atmospheric gas boiler
- Oil furnace
- Gas furnace
- Heat pump
- Unit gas heater(s)
- Electric furnace
- Electric baseboard
- District steam

Combustion Efficiency: _____

Measured flue CO2 (%): _____

Net flue gas temp (deg F): _____

Flue gas draft (in. H2O): _____

Measured flue CO (ppm): _____

Ambient CO (ppm): _____

Smoke spot test result (#spot): _____

Heating system condition:

(please circle)

- Good
- Fair w/ no leaks
- Fair w/ poor insulation
- Replace insulation
- Poor w/ leaks
- Good w/dirty heat xfer

Rated input capacity (mbtu/hr): _____

Boiler replacement cost (\$): _____

Burner replacement cost (\$): _____

Barometric damper condition:

(please circle)

- Good
- Poor
- None

Burner condition:

(please circle)

- Good
- Upgrade burner
- Replace

Source of boiler room ventilation:

(please circle)

- Outside
- Inside
- Outside & Inside

Separate DHW system: (please circle)

- Yes
- No

Fuel Type: Gas Oil

Air inlet area (sqin.): _____

Insulated: Yes No

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Heat Controls

Type of distribution systems: 1-pipe steam w/ vents 2-pipe steam w/vents
(please circle)

Hot water

Forced air

Total uninsulated pipe duct length (ft): _____

Avg. uninsulated pipe/duct diameter (in): _____

Type of heating control: Outdoor/indoor Indoor thermostat Thermostatic valves
(please circle)

Outdoor sensor

Bad indoor sensor

None

AUDITOR

Condition of sensor/controls: Replace Repair Good
(please circle)

Number of sensors: _____

Heating day thermostat setting (F): _____

Heating night thermostatsetting (F): _____

% of dwelling out of balance: _____

NOTE: Auditor MUST record actual settings on the heating control.

Building Address: _____

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Appliances

Avg daytime occupants in dwelling: _____
(# depends on building type)

Avg. night occupants in dwelling: _____

Water heater type: (please circle)	Tankless coil	Gas insulated with storage	Oil no insulation
	Oil insulated	Electric no insulation	
	Electric insulated	Heat pump	

Total length of uninsulated HW pipe: _____

Avg HW pipe diameter: _____

Dryer type: (please circle)	Gas	Electric	None

Stove/oven type: (please circle)	Gas	Electric	None

Typical refridgerator type: (please circle)	Auto def & freezer	Man. Def & sep freezer
	Man. def & freezer	Auto def & sep freezer

Number of Refrigerators Prior to Manufacturing Date of 1996
 (This information can be obtained from the tenants by asking them how old is their refrigerator)
 Note: Auditors will adjust this information to fit the whole building.
 You do not need to estimate a total for the building.

AUDITOR

Total daily hot water use (gal/day) _____

Number of showers in dwelling : _____
(# equal to number of apts in building)

Type of shower heads/flow restrictors: (please circle)	Both shower heads and aerators	None
	Aerator	Low flow

Consider separate hot water heater: (please circle)	Yes	No	Hot water temp. (deg):	120,default

Estimated summer efficiency (%): _____

Avg. annual refrigerator usage (kwh) _____

Number of refrigerators to be replaced: (80% of units) _____

Building Address: _____

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Walls

Wall Type:
(please circle)

- | | | | |
|-----------|--------------|-----------------------|----------------------|
| 8" Brick | 8" Concrete | 8" Brick & Air space | 8" Concrete & Brick |
| 12" Brick | 12" Concrete | 12" Brick & Air space | 12" Concrete & Brick |

Wall Insulation:
(ask the super, please circle)

- | | | | | |
|--------------------|----------------|---------------------|------------------|------|
| Fiberglass batts | Cellulose fill | Polyurethane boards | Vermiculite fill | |
| Polystyrene boards | UF foam | Exterior sheet | Rockwool | None |

Wall Insulation Thickness: _____ inches

	North	East	South	West
Wall Area (sqft):				

AUDITOR

Area of windows in wall (sqft): _____

Area of doors in wall (sqft): _____

Air Leakage Through Wall:
(please circle)

- | | | | |
|----------------|-------|----------|-------|
| Tightly sealed | Small | Moderate | Large |
|----------------|-------|----------|-------|

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Windows

	#1	#2	#3	#4	#5	#6	#7	#8	#9	#10	#11
Name											
Window type											
Double hung											
Horizontal sliders											
A/C sleeves											
Casement											
Tilting											
Jalousie											
Fixed											
Glazing											
Single pane											
Double pane											
Curtains/Blinds											
None											
Curtains											
Shades											
Curtains & shades											
Shutters											
Sash fit											
Loose											
Average											
Tight											
Condition											
Poor											
Fair											
Good											
Cracks between frame wall											
None											
Small											
Med											
Large											
Area of hole in window (sqin)											
Size											
Per facade											
North											
East											
South											

West											
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Building Address: _____

Data Collected by _____

Audit Date: _____

Roof (Primary)

Roof type: Flat Finished Attic Unfinished Attic Pitched
(please circle)

Insulation Type: Fiberglass Batts Cellulose Fill Polyurethane boards Vermiculite Fill
(please circle)
Rockwool UF Foam None Polystyrene Boards

Insulatable Air Space (in): _____

Roof Area (sqft): # Roof Windows:

Roof Doors: # of Penetrations:

Water Leakage Through Roof: Tightly sealed Small Med Large

Roof Top Material: Ashpalt Shingles or Sheeting Metal Rubber Tar & gravel
(please circle)
Spanish Tiles Wood shingles Slate

Roof Color: Light Med Dark
(please circle)

Roof (Secondary)

Roof type: Flat Finished Attic Unfinished Attic Pitched
(please circle)

Insulation Type: Fiberglass Batts Cellulose Fill Polyurethane boards Vermiculite Fill
(please circle)
Rockwool UF Foam None Polystyrene Boards

Insulatable Air Space (in) _____

Roof Area (sqft): # Roof Windows:

Roof Doors: # of Penetrations:

Water Leakage Through Roof: Tightly sealed Small Med Large

Roof Top Material: Ashpalt Shingles or Sheeting Metal Rubber Tar & gravel
(please circle)
Spanish Tiles Wood shingles Slate

Roof Color: Light Med Dark Page 17

(please circle)

Building Address: _____

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Basement

Basement name: Primary

Basement Type: Basement Crawl Space Slab On Grade Platform
(please circle)

Basement Insulation Type: None UF foam Polyurethane boards Vermiculite fill
(please circle)

Polystyrene boards Fiberglass board Fiberglass batts

Heated basement Cellulose fill Fiberglass loose

Floor Area: _____

Basement Wall Insulation Type: Cellulose fill Polyurethane boards Vermiculite fill
(please circle)

Polystyrene boards Fiberglass loose Fiberglass batts

Fiberglass boards UF foam None

of Windows: _____

of Doors: _____

AUDITOR

Air leakage through basement: Small Moderate Large

Floor Penetrations: _____

of Leaky Penetrations: _____

R-value of window seal (f-sqft/Btuh), (Auditor):

Building Address: _____

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Audit Date: _____

General Information

Fuel

Oil Tank Info:

Size in gallons _____

Above Ground _____

Under Ground _____

Heating System

Boiler:

Manufacturer _____

Model _____

Year built _____

Separate Hot Water

Manufacturer _____

Model _____

Year built _____

Separate Storage Tank Yes No

If Yes....

Storage Capacity: _____

Insulated: Yes No

Domestic Hot Water Mixing Valve

Model _____

Size in inches _____

Roof

Condition of:

	Surface	Flashing	Parapet	Coping
Good				
Fair				
Poor				

Building Address: _____

Data Collected by _____

Audit Date: _____

Mechanical Fans: Yes No

 If Yes,

 Total number of fans operating _____

 Total non-functional _____

Manufacturer _____

Manufacturer _____

Model # _____

Model # _____

of fans of this type _____

of fans of this type _____

DHW recirculating piping: Yes No

Recirculating Pump: Yes No

Is it operating: Yes No

 Pump Model _____

 Horsepower _____

Distribution System

One pipe steam

 Dry return _____

 Wet return _____

 All piping is buried underground _____

 All return piping are above ground at floor level _____

 Some return piping is buried underground and some is above ground _____

 Combination of dry and wet return piping

Two pipe steam

 Vacuum system Yes No

 Pump set info _____

 Tank Model _____

 Pump model _____

Circulating Hot Water System _____

Forced Air _____

In-unit distribution system

Radiator: Column Combination **Convectors:** Recessed Yes No
Tube
