



MHEA Data Collection Form

Audit Name:

Client Name:

Client ID:

Alternate Client ID:

Assigned to (Auditor):

Length:

Width:

Height:

Wind Shielding: Well Shielded Normal Shielding Exposed

Home Leakiness: North Medium Loose

Outdoor Water Heater Closet:

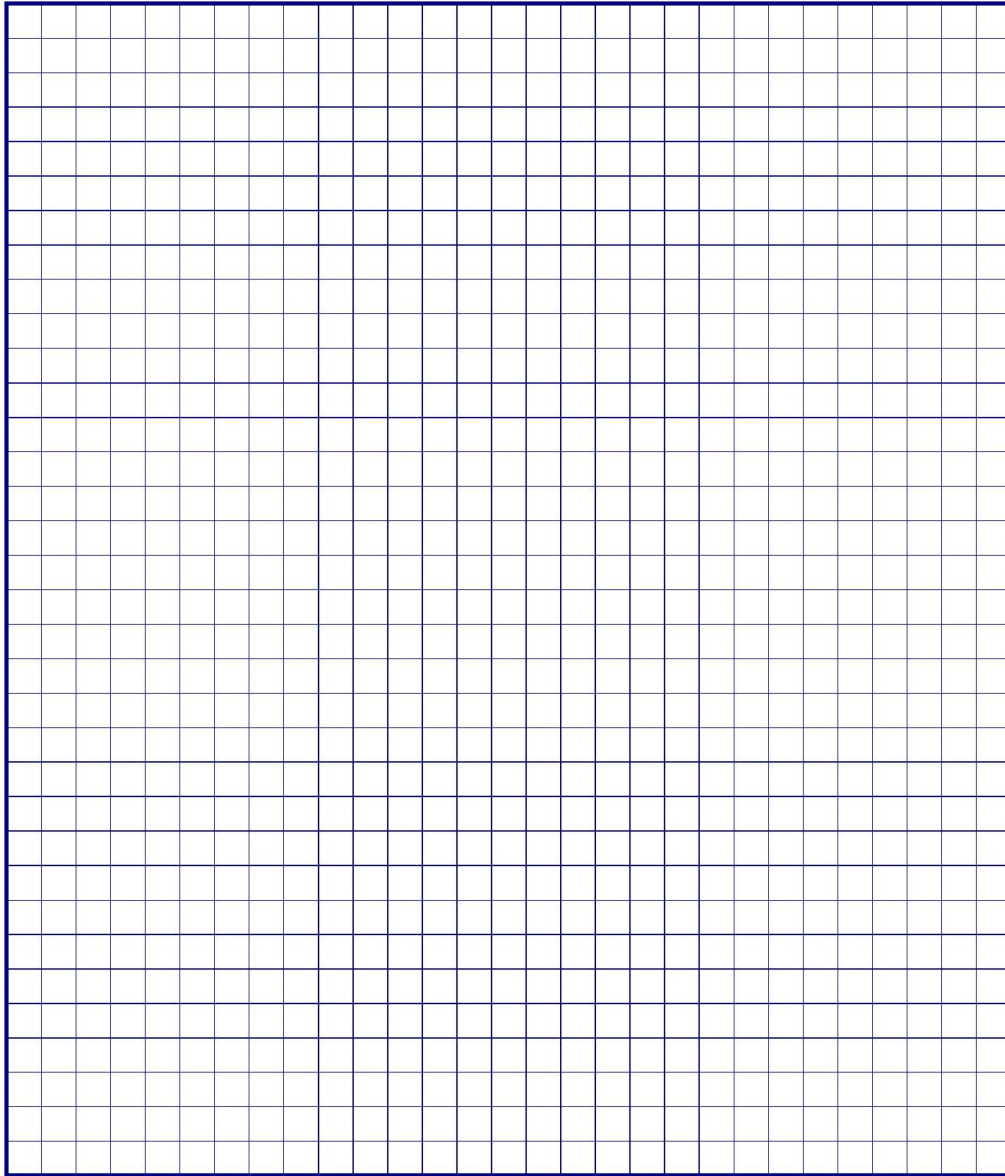
Comment:

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Form Run On: 10/25/2005

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Site Diagram



Client Name:
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Walls

Wall Stud Size

Orientation of Long Wall

Wall Ventilation

Uninsulatable Area (sq ft)

Additional Cost (\$)

Insulation Type Thickness

Batt/Blanket (in)

Loose Fill (in)

Foam Core (in)

Carport/Porch Roof

Length (ft)

Width (ft)

Orientation

Comment

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Windows

Window Code	<input type="text"/>										
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Doors

Door Code <input type="text"/>	Average Size	Number Facing
Door Type Wood, Solid Core Wood, Hollow Core Standard Manufactured Home Door	Width (in) <input type="text"/> Height (in) <input type="text"/>	North <input type="text"/> South <input type="text"/> East <input type="text"/> West <input type="text"/>
Storm Door Present ? <input type="checkbox"/>		
Replacement Door Required ? <input type="checkbox"/>		
Comment <input type="text"/>		

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Ceiling

Roof Type

Roof Color

Height of Roof (in) *Bowstring roofs only*

Insulation Type Thickness

Batt/Blanket (in)	<input type="text"/>
Loose Fill (in)	<input type="text"/>
Foam Core (in)	<input type="text"/>

Pitched Roof Added Insul. (in)

Additional Cost (\$)

Cathedral Ceiling (%)

Comment

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Appendix A – Sample Reports

Floor

Floor Joist Direction

Lengthwise
Widthwise

Is There a Skirt ?

Floor Wing Description

Floor Joist Size

2x4
2x6
2x8

Loose Insulation Thickness (in)

Batt/Blanket Insulation Location

Attached to Flooring
Between Joists
Attached Under Joists
None

Batt/Blanket Thickness (in)

Floor Belly (Center) Description

Floor Joist Size

2x4
2x6
2x8

Belly Cavity Configuration

Square
Rounded
Flat

Condition of Belly

Good
Average
Poor

Maximum Depth of Belly Cavity (in)

Loose Insulation Thickness (in)

Batt/Blanket Insulation Location

Attached to Flooring
Between Joists
Attached Under Joists
Draped Below Joists
None

Batt/Blanket Thickness (in)

Comment

Additional Cost (\$)

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Walls (Addition)

Wall Stud Size	<input type="checkbox"/> 2x2 <input type="checkbox"/> 2x3 <input type="checkbox"/> 2x4 <input type="checkbox"/> 2x6	Wall Configuration	<input type="checkbox"/> Maximum Wall Height at Interior Wall <input type="checkbox"/> Maximum Wall Height in Center of Addition <input type="checkbox"/> All Addition Wall the Same Height
Addition Orientation	<input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West		
Wall Ventilation	<input type="checkbox"/> Vented <input type="checkbox"/> Not Vented		
Additional Cost (\$)	<input type="text"/>		
Insulation Type Thickness		Interior wall	
Batt/Blanket (in)	<input type="text"/>	Max Height (ft)	<input type="text"/>
Loose Fill (in)	<input type="text"/>	Min Height (ft)	<input type="text"/>
Foam Core (in)	<input type="text"/>		

Comment

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Windows (Addition)

Window Code	<input type="text"/>			
WindowType	Jalousie	Awning	Slider	Fixed
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Glazing Type	Single	Single with Glass Storm	Single with Plastic Storm	
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Low E Film	Sun Screen	Awning									
Carport or Porch	None										
Leakiness	<table border="1"> <tr> <td>Very Tight</td> <td>Tight</td> <td colspan="2"></td> </tr> <tr> <td>Medium</td> <td>Loose</td> <td colspan="2">Very Loose</td> </tr> </table>			Very Tight	Tight			Medium	Loose	Very Loose	
Very Tight	Tight										
Medium	Loose	Very Loose									
Comment	<input type="text"/>										

Notes :

Client Name:
 Client ID:
 Alt. Client ID:

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Doors (Addition)

Door Code <input type="text"/> Door Type <input type="text"/> Wood, Solid Core Wood, Hollow Core Standard Manufactured Home Door Storm Door Present ? <input type="checkbox"/> Replacement Door Required ? <input type="checkbox"/> Comment <input type="text"/>	Average Size Width (in) <input type="text"/> Height (in) <input type="text"/>	Number Facing North <input type="text"/> South <input type="text"/> East <input type="text"/> West <input type="text"/>
--	--	--

Door Code <input type="text"/> Door Type <input type="text"/> Wood, Solid Core Wood, Hollow Core Standard Manufactured Home Door Storm Door Present ? <input type="checkbox"/> Replacement Door Required ? <input type="checkbox"/> Comment <input type="text"/>	Average Size Width (in) <input type="text"/> Height (in) <input type="text"/>	Number Facing North <input type="text"/> South <input type="text"/> East <input type="text"/> West <input type="text"/>
--	--	--

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--	--	--

Notes :

Client Name:
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Ceiling (Addition)

Joist Size

Roof Color

Additional Cost (\$)

Insulation Type Thickness

Batt/Blanket (in)

Loose Fill (in)

Foam Core (in)

Comment

Client Name:
Client ID:
Alt. Client ID:

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Floor (Addition)

Floor Type Crawl Space
 Slab on Grade
 Exposed Floor

Batt/Blanket Location Attached to Flooring
 Between Joists
 Attached Under Joists
 None

Joist Size Crawl Space
 Slab on Grade
 Exposed Floor

Insulation Type Thickness
Batt/Blanket (in)
Loose Fill (in)

Floor Dimensions
Length (ft)
Width (ft)

Depth Available for Added Insulation (in)

Comment

Client Name:
 Client ID:
 Alt. Client ID:

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Heating System (Primary)

Equipment Type

Fuel Type

Capacity(kBTU/hr)

Efficiency

Efficiency Units

Duct Location

Duct Insulation Location

Percent Total Heat Supplied (%)

Comment

Notes :

Client Name:
 Client ID:
 Alt. Client ID:

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Heating System (Secondary)

Equipment Type

Furnace
Heat Pump
Space Heater
None

Fuel Type

Natural Gas	Oil
Electricity	Propane
Wood	Coal
Kerosene	Other

Capacity(kBTU/hr)

Efficiency

Efficiency Units

Steady State
AFUE
COP
HSPF

Comment

Notes :

Client Name:

Client ID:

Alt. Client ID:

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Heating System (Replacement)

Equipment Type
 Furnace
 Heat Pump
 Space Heater
 None

Fuel Type
 Natural Gas Oil
 Electricity Propane
 Wood Coal
 Kerosene Other

Capacity(kBTU/hr)

Efficiency

Efficiency Units
 Steady State
 AFUE
 COP
 HSPF

Duct Location
 Floor
 Ceiling
 None

Duct Insulation Location
 Above Duct
 Below Duct
 Around Duct or Ductboard
 None

Replacement Required

Include Replacement Costs in Home Retrofit

Comment

Notes :

Client Name:
 Client ID:
 Alt. Client ID:

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Heating Systems (Continued)

OPTIONAL HEATING SYSTEM DETAILS (Continued)

FURNACE COMPONENTS

Fan Limit Controls

<input type="checkbox"/> Control Settings are Adjustable	Fan On Setting (F) <input type="text"/>
<input type="checkbox"/> Limit Controls Not Working	Fan Off Setting (F) <input type="text"/>
	High Limit Setting (F) <input type="text"/>

Burner and Pilot

Burner Type	<input type="text"/> Ribbon <input type="text"/> Power <input type="text"/> Upshot <input type="text"/> Flame Retention <input type="text"/> Other	Pilot Type	<input type="text"/> Standing Pilot (on in summer) <input type="text"/> Standing Pilot (off in summer) <input type="text"/> Hot Surface IID <input type="text"/> Other
Burner Condition	<input type="text"/> Good <input type="text"/> Fair <input type="text"/> None <input type="text"/> Not applicable <input type="text"/> Poor (but working) <input type="text"/> Broken (not working)	Pilot Condition	<input type="text"/> Good <input type="text"/> Fair <input type="text"/> None <input type="text"/> Not applicable <input type="text"/> Poor (but working) <input type="text"/> Broken (not working)

Blower and Belt

Blower Type	<input type="text"/> Direct Drive <input type="text"/> Belt Drive	Belt Size	<input type="text"/> (inches or size code)
Blower Condition	<input type="text"/> Clean <input type="text"/> Dirty <input type="text"/> Plugged	Belt Play (in)	<input type="text"/>
Motor Current (amps)	<input type="text"/>		
Belt Condition	<input type="text"/> Good <input type="text"/> Fair <input type="text"/> None <input type="text"/> Not applicable <input type="text"/> Poor (but working) <input type="text"/> Broken (not working)		

Accessories

Humidifier	<input type="text"/> Good <input type="text"/> Fair <input type="text"/> None <input type="text"/> Not applicable <input type="text"/> Poor (but working) <input type="text"/> Broken (not working)
Electronic Air Cleaner	<input type="text"/> Good <input type="text"/> Fair <input type="text"/> None <input type="text"/> Not applicable <input type="text"/> Poor (but working) <input type="text"/> Broken (not working)
AC Coil	<input type="text"/> Clean <input type="text"/> Fair <input type="text"/> Dirty <input type="text"/> Plugged <input type="text"/> None

Air Filter

Filter Size (length x width, in)	<input type="text"/>
Filter Condition	<input type="text"/> Clean <input type="text"/> Fair <input type="text"/> Dirty <input type="text"/> Plugged <input type="text"/> None

Comment

Notes :

Client Name:
 Client ID:
 Alt. Client ID:

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Heating Systems (Continued)

OPTIONAL HEATING SYSTEM DETAILS (Continued)

INSPECTIONS	
Other Items	
<input type="checkbox"/> Cracked Heat Exchanger	Comment <div style="border: 1px dashed black; height: 40px;"></div>
<input type="checkbox"/> Insufficient Clearance from Combustibles	
Electric Service Switch	Good Fair Poor (but working) Broken (not working) None Not applicable
<input type="checkbox"/> Gas Leak Present	Comment <div style="border: 1px dashed black; height: 100px;"></div>
<input type="checkbox"/> Fuel Shutoff Valve Not Present	
<input type="checkbox"/> Drip Leg Not Present	
<input type="checkbox"/> Any Other Heating System Problems	
THERMOSTAT DETAILS	
Thermostat Type	Mechanical (bimetallic strip) Mechanical (mercury bulb) Electronic (no setback) Electronic (with setback) Power Pile Other
Daytime Thermostat Setting (F)	<input type="text"/>
Nighttime Thermostat Setting (F)	<input type="text"/>
<input type="checkbox"/> Relocate Thermostat	Comment <div style="border: 1px dashed black; height: 100px;"></div>
Anticipator Current (amps)	
Anticipator Setting (0-1)	
<input type="checkbox"/> Anticipator Adjustment Needed	

Notes :

Client Name:
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 Alt. Client ID:

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Cooling System (Primary)

AC Unit Type

- Evaporative Cooler
- Central Air Conditioner
- Room Ari Conditioner
- Heat Pump
- None

Capacity(kBTU/hr)

Efficiency

Efficiency Units

- COP
- EER
- SEER

Duct Location

- Floor
- Ceiling
- None

Duct Insulation Location

- Above Duct
- Below Duct
- Around Duct or Ductboard
- None

Percent Cooled (%)

Comment

Notes :

Client Name:
 Client ID:
 Alt. Client ID:

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Cooling System (Secondary)

AC Unit Type

Capacity(kBTU/hr)

Efficiency

Efficiency Units

Percent Cooled (%)

Comment

Notes :

Client Name:
Client ID:
Alt. Client ID:

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Ducts / Infiltration

AIR and DUCT LEAKAGES

Evaluate Duct Sealing?

Duct Leakage Method

Pre/Post Whole House Blower Door Measurement
Blower Door Subtraction (sealed and unsealed registers and grills)
Duct-Blower Pressure Tests
Pressure Pan Measurements

WHOLE HOUSE INFILTRATION REDUCTION WITH BLOWER DOOR		
	Pre Infiltration Reduction	Post Infiltration Reduction/Target
Whole House Leakage (CFM)	<input type="text"/>	<input type="text"/>
at Pressure Differential (Pa)	<input type="text"/>	<input type="text"/>
Infiltration Reduction Cost (\$)	<input type="text"/>	
Comment	<input type="text"/>	

PRE/POST WHOLE HOUSE BLOWER DOOR MEASUREMENTS			
	Pre Weatherization	Post Duct Sealing	Post Infiltration Reduction/Target
Whole House Leakage (CFM)	<input type="text"/>	<input type="text"/>	<input type="text"/>
at Pressure Differential (Pa)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Duct Sealing Cost (\$)	<input type="text"/>		
Infiltration Reduction Cost (\$)	<input type="text"/>		
		DUCT OPERATING PRESSURES	
		Pre Duct Sealing	Post Duct Sealing
		Supply (Pa) <input type="text"/>	<input type="text"/>
		Return (Pa) <input type="text"/>	<input type="text"/>
Comment	<input type="text"/>		

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Alt. Client ID:

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Ducts / Infiltration (Continued)

AIR and DUCT LEAKAGES (Continued)

BLOWER DOOR SUBTRACTION			
	Pre Weatherization	Post Duct Sealing	Post Infiltration Reduction/Target
With Registers/Grills Open			
Whole House Leakage (CFM)	<input type="text"/>	<input type="text"/>	<input type="text"/>
at Pressure Differential (Pa)	<input type="text"/>	<input type="text"/>	<input type="text"/>
With Registers/Grills Sealed			
Whole House Leakage (CFM)	<input type="text"/>	<input type="text"/>	
at Pressure Differential (Pa)	<input type="text"/>	<input type="text"/>	
Duct/House Pressure Diff. (Pa)	<input type="text"/>	<input type="text"/>	
Duct Sealing Cost (\$)	<input type="text"/>		
Infiltration Reduction Cost (\$)	<input type="text"/>		
Comment	<input type="text"/>		

DUCT OPERATING PRESSURES

	Pre Duct Sealing	Post Duct Sealing
Supply (Pa)	<input type="text"/>	<input type="text"/>
Return (Pa)	<input type="text"/>	<input type="text"/>

DUCT BLOWER PRESSURE TESTS

	Pre Duct Sealing		Post Duct Sealing		
	Total	Outside *	Total	Outside *	
Fan Flow (CFM)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	* 'Outside' readings are taken while the house / outdoor pressure differential provided by a blower door is maintained at the same level as the duct / outdoor pressure differential created by the duct-blower. Thus the 'Duct Pressure' and the 'House Pressure wrt outside' should be equal.
Duct Pressure (Pa)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
House Pressure (Pa) wrt outside	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Pre Infiltration Reduction	Post Infiltration Reduction/Target			
Whole House Leakage (CFM)	<input type="text"/>	<input type="text"/>			DUCT OPERATING PRESSURES
at Pressure Differential (Pa)	<input type="text"/>	<input type="text"/>			
Duct Sealing Cost (\$)	<input type="text"/>				
Infiltration Reduction Cost (\$)	<input type="text"/>				
Comment	<input type="text"/>				

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Ducts / Infiltration (Continued)

AIR and DUCT LEAKAGES (Continued)

PRESSURE PAN MEASUREMENTS					
	<u>Pre Duct Sealing</u>		<u>Post Duct Sealing</u>		
Sum of Pressure Pan Reading (Pa)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
House Pressure (Pa) wrt outside	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		<u>Pre Infiltration Reduction</u>	<u>Post Infiltration Reduction/Target</u>		
Whole House Leakage (CFM)	<input type="text"/>	<input type="text"/>	<input type="text"/>		
at Pressure Differential (Pa)	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Duct Sealing Cost (\$)	<input type="text"/>				
Infiltration Reduction Cost (\$)	<input type="text"/>				
Comment	<input type="text"/>				

DUCT OPERATING PRESSURES			
	<u>Pre Duct Sealing</u>	<u>Post Duct Sealing</u>	
Supply (Pa)	<input type="text"/>	<input type="text"/>	

Notes :

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 Client ID:
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Ducts / Infiltration (Continued)

PRESSURE BALANCE READINGS (Optional)

Family Room	Bdrm1
Living Room	Bdrm2
Dining Room	Bdrm3
Kitchen	Bdrm4
Bath1	Basement
Bath2	Addition
Bath3	Other

<i>Location</i> <i>(pick one or describe)</i>	<i>Initial</i> <i>Pressure (Pa)</i>	<i>Final</i> <i>Pressure (Pa)</i>	<i>Comments</i>

Notes :

Client Name:

Client ID:

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Base Load - Water Heater

Existing Equipment		Replacement Equipment	
Manufacturer	<input type="text"/>	Manufacturer	<input type="text"/>
Model	<input type="text"/>	Model	<input type="text"/>
Fuel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Electricity <input type="checkbox"/> Propane	Fuel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Electricity <input type="checkbox"/> Propane
Rated Input	<input type="text"/>	Rated Input	<input type="text"/>
Location	<input type="checkbox"/> Heated Space <input type="checkbox"/> Unconditioned Space <input type="checkbox"/> Unintentionally Heated Space	Input Units	<input type="checkbox"/> kBTU <input type="checkbox"/> kW
Gallons	<input type="text"/>	Input Units	<input type="checkbox"/> kBTU <input type="checkbox"/> kW
Insulation Type	<input type="checkbox"/> Fiberglass <input type="checkbox"/> Polyurethane	Gallons	<input type="text"/>
<input type="checkbox"/> Supply Pipe Insulation Present	Insulation Thickness (in) <input type="text"/>	Installation Cost (\$)	<input type="text"/>
	Label R Value <input type="text"/>	Additional Cost (\$)	<input type="text"/>

Shower Heads

Number of Showerheads **Average GPM**

Minutes of Shower Use Per Day

Comment

Notes :

Client Name:

Client ID:

Alt. Client ID:

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Base Load - Water Heater (Continued)

OPTIONAL WATER HEATING SYSTEM DETAILS

OPERATIONAL TESTS	VENT TESTS																																																																																						
<p>Flue Gas Analysis</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">Audit</td> <td style="text-align: center;">Insp.</td> </tr> <tr> <td>Combustion Air Inlet Temp (F)</td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td>Flue Gas Temp (F)</td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td>Net Stack Temp (F)</td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td>Percent Oxygen (%)</td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td>Percent Carbon Dioxide (%)</td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td>Smoke Number</td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td>Steady State Efficiency (%)</td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table> <p>Carbon Monoxide</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">Audit</td> <td style="text-align: center;">Insp.</td> </tr> <tr> <td>In Flue (ppm)</td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> <tr> <td>Free Air Reading In Flue (ppm)</td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table> <p>Comment</p> <div style="border: 1px dashed black; height: 40px; width: 100%;"></div>		Audit	Insp.	Combustion Air Inlet Temp (F)			Flue Gas Temp (F)			Net Stack Temp (F)			Percent Oxygen (%)			Percent Carbon Dioxide (%)			Smoke Number			Steady State Efficiency (%)				Audit	Insp.	In Flue (ppm)			Free Air Reading In Flue (ppm)			<p>Venting Information</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Damper Type</td> <td style="width: 40%; border: 1px dashed black; padding: 2px;"> None found Electric Thermal Barometric None found but one is recommended Other </td> <td style="width: 30%;">Damper Condition</td> <td style="width: 10%; border: 1px dashed black; padding: 2px;"> Good Fair Poor (but working) Broken (not working) Broken (replacement recommended) None Not applicable </td> </tr> <tr> <td>Chimney Type</td> <td style="border: 1px dashed black; padding: 2px;"> Masonry - Lined Masonry - Unlined Metal None Other </td> <td>Chimney Condition</td> <td style="border: 1px dashed black; padding: 2px;"> Good Fair Poor (but working) Broken (not working) None Not applicable </td> </tr> <tr> <td>Flue Type</td> <td style="border: 1px dashed black; padding: 2px;"> Metal Single Wall Metal Double Wall PVC Other </td> <td>Flue Condition</td> <td style="border: 1px dashed black; padding: 2px;"> Good Fair Poor (but working) Broken (not working) None Not applicable </td> </tr> <tr> <td>Flue / Damper Diameter (in)</td> <td colspan="3" style="border: 1px dashed black; padding: 2px;"> </td> </tr> <tr> <td>Combustion Air Intake</td> <td style="border: 1px dashed black; padding: 2px;"> Adequate Present but inadequate None Other </td> <td colspan="2"></td> </tr> <tr> <td colspan="4" style="border: 1px dashed black; padding: 2px;"> <input type="checkbox"/> Any Other Venting Related Problems? </td> </tr> <tr> <td colspan="4" style="border: 1px dashed black; padding: 2px;"> Normal Operating Conditions Draft Measurement </td> </tr> <tr> <td></td> <td style="text-align: center;">Audit</td> <td style="text-align: center;">Insp.</td> <td colspan="2"></td> </tr> <tr> <td>Outdoor Temp (F)</td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td colspan="2"></td> </tr> <tr> <td>Draft (Pa or Inches of Water)</td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td colspan="2"></td> </tr> <tr> <td>Spillage Time (sec)</td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td colspan="2"></td> </tr> <tr> <td>Comment</td> <td colspan="4" style="border: 1px dashed black; height: 20px;"></td> </tr> </table>	Damper Type	None found Electric Thermal Barometric None found but one is recommended Other	Damper Condition	Good Fair Poor (but working) Broken (not working) Broken (replacement recommended) None Not applicable	Chimney Type	Masonry - Lined Masonry - Unlined Metal None Other	Chimney Condition	Good Fair Poor (but working) Broken (not working) None Not applicable	Flue Type	Metal Single Wall Metal Double Wall PVC Other	Flue Condition	Good Fair Poor (but working) Broken (not working) None Not applicable	Flue / Damper Diameter (in)				Combustion Air Intake	Adequate Present but inadequate None Other			<input type="checkbox"/> Any Other Venting Related Problems?				Normal Operating Conditions Draft Measurement					Audit	Insp.			Outdoor Temp (F)					Draft (Pa or Inches of Water)					Spillage Time (sec)					Comment				
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Comment																																																																																							

Notes :

Client Name:
 Client ID:
 Alt. Client ID:

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Base Load - Water Heater (Continued)

OPTIONAL WATER HEATING SYSTEM DETAILS (Continued)

INSPECTIONS	
Fuel Related	
<input type="checkbox"/> Insufficient Clearance from Combustibles	Good Fair Poor (but working) Broken (not working) None Not applicable
Electric Service Switch	
<input type="checkbox"/> Gas Leak Present	
<input type="checkbox"/> Fuel Shutoff Valve Not Present	
<input type="checkbox"/> Drip Leg Not Present	
Water Related	
Hot Water Temp (F)	<input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Supply Temperature Adjustment Needed	
<input type="checkbox"/> Pressure Relief Piping Needed	
<input type="checkbox"/> Water Leak Present	
<input type="checkbox"/> Other Water Heating Problem	
Comment	<div style="border: 1px dashed black; height: 30px;"></div>

Notes :

Client Name:
 Client ID:
 Alt. Client ID:

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Base Load - Refrigerator

Existing Equipment

Manufacturer
Model
Style

- Top Freezer
- Side by Side
- Single Door
- Single Door with Freezer
- Bottom Freezer
- Other

Defrost

- Automatic
- Manual
- Partial Automatic
- Other

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

Size (cu ft)
Location

- Heated Space
- Unconditioned Space
- Unintentionally Heated Space

Consumption

Label/Database Annual Consumption

kWh / yr
Age

- Less than 5 years
- 5 to 10 years
- 10 to 15 years
- More than 15 years

Door Seal Condition

- Good
- Some Wear
- Gaps Visible

OR

Metered Consumption

Metering Minutes **Manual Defrost**
Metering Reading (kWh)
Temperature (F) **Includes Defrost Cycle**

Replacement Equipment

Manufacturer
Model
Style

- Top Freezer
- Side by Side
- Single Door
- Single Door with Freezer
- Bottom Freezer
- Other

Defrost

- Automatic
- Manual
- Partial Automatic
- Other

kWh / yr
Material Cost (\$)
Other Cost (\$)

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

Size (cu ft)

Comment

Notes :

Client Name:
Client ID:
Alt. Client ID:

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Baseload - Lighting Systems

Existing Incandescent Lighting		Replacement Compact Fluorescent Lighting									
Light Code	<input type="text"/>	CF Watts	<input type="text"/>								
Room	<table border="1"> <tr><td>Family Room</td><td>Dining Room</td></tr> <tr><td>Kitchen</td><td>Bedroom</td></tr> <tr><td>Living Room</td><td>Bathroom</td></tr> <tr><td>Rec Room</td><td>Utility</td></tr> </table>	Family Room	Dining Room	Kitchen	Bedroom	Living Room	Bathroom	Rec Room	Utility	Additional Costs (\$)	<input type="text"/>
Family Room	Dining Room										
Kitchen	Bedroom										
Living Room	Bathroom										
Rec Room	Utility										
Location	<table border="1"> <tr><td>Ceiling</td><td>Wall</td></tr> <tr><td>Floor</td><td>Other</td></tr> <tr><td>Table</td><td></td></tr> </table>	Ceiling	Wall	Floor	Other	Table		Comment	<div style="border: 1px dashed black; height: 60px;"></div>		
Ceiling	Wall										
Floor	Other										
Table											
Lamp Type	Standard Flood Other										
Quantity	<input type="text"/>	Hours / Day	<input type="text"/>								
Watts	<input type="text"/>										

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Health & Safety

WHOLE HOUSE

Smoke Detector is Needed
 CO Monitor is Needed

Carbon Monoxide Measurements

Room with Heating System (ppm)
 Room with Water Heater (ppm)
 Living Area (ppm)
 Kitchen (ppm)

Comment

BUILDING SHELL

Attic

Recessed Lights Present
 Chimney / Flue Shielding Incorrect
 Wiring Problems
 Ventilation Inadequate
 Water Leaks Present
 Moisture Problems Evident
 Other Problems

Walls

Wiring Problems
 Water Leaks Present
 Moisture Problems Evident
 Other Problems

Basement / Crawlspace

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

Comment

Notes :

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Health & Safety (Continued)

EQUIPMENT

Worst Case Condition Draft Measurements - Space Heating System

Date	Conducted During	On Which Heating System	Outdoor Temp (F)	Draft (Pa or in H2O)	Spillage Time (sec)	Comments
	Audit Pre-Install During Install	Post-Install Inspection Other				
	Audit Pre-Install During Install	Post-Install Inspection Other				
	Audit Pre-Install During Install	Post-Install Inspection Other				

Worst Case Condition Draft Measurements - Water Heatin

Date	Conducted During	Outdoor Temp (F)	Draft (Pa or in H2O)	Spillage Time (sec)	Comments
	Audit Pre-Install During Install	Post-Install Inspection Other			
	Audit Pre-Install During Install	Post-Install Inspection Other			

Wood Stove / Fireplace

Wood Stove / Fireplace is Present

Improper Venting

Combustion Air is Inadequate

Clothes Dryer

Improper Venting

Cook Stove

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

<u>Bathrooms</u>	<u>Kitchen</u>
<input type="checkbox"/> Missing	<input type="checkbox"/> Missing
<input type="checkbox"/> Not Operational	<input type="checkbox"/> Not Operational
<input type="checkbox"/> Improper Venting	<input type="checkbox"/> Improper Venting

Comment _____

Client Name: _____
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 Alt. Client ID: _____

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Itemized Costs

Description	<input type="text"/>	Comment	
Cost (\$)	<input type="text"/>	Include in SIR? <input type="checkbox"/>	
Material	<input type="text"/>		
Energy Savings	<input type="text"/>	Units	Fuel Saved
Life (years)	<input type="text"/>	Annual kWh Annual MMBtu Annual Therms	Natural Gas Wood Oil Coal Electric Kerosene Propane Other

Description	<input type="text"/>	Comment	
Cost (\$)	<input type="text"/>	Include in SIR? <input type="checkbox"/>	
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Notes :

Client Name:
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 Alt. Client ID:

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Itemized Costs (Continued)

Description	<input type="text"/>		Comment
Cost (\$)	<input type="text"/>	Include in SIR? <input type="checkbox"/>	<div style="border: 1px dashed black; height: 40px;"></div>
Material	<input type="text"/>		
Energy Savings	<input type="text"/>	Units	
Life (years)	<input type="text"/>	Annual kWh Annual MMBtu Annual Therms	Natural Gas Wood Oil Coal Electric Kerosene Propane Other

Description	<input type="text"/>		Comment
Cost (\$)	<input type="text"/>	Include in SIR? <input type="checkbox"/>	<div style="border: 1px dashed black; height: 40px;"></div>
Material	<input type="text"/>		
Energy Savings	<input type="text"/>	Units	
Life (years)	<input type="text"/>	Annual kWh Annual MMBtu Annual Therms	Natural Gas Wood Oil Coal Electric Kerosene Propane Other

Description	<input type="text"/>		Comment
Cost (\$)	<input type="text"/>	Include in SIR? <input type="checkbox"/>	<div style="border: 1px dashed black; height: 40px;"></div>
Material	<input type="text"/>		
Energy Savings	<input type="text"/>	Units	
Life (years)	<input type="text"/>	Annual kWh Annual MMBtu Annual Therms	Natural Gas Wood Oil Coal Electric Kerosene Propane Other

Description	<input type="text"/>		Comment
Cost (\$)	<input type="text"/>	Include in SIR? <input type="checkbox"/>	<div style="border: 1px dashed black; height: 40px;"></div>
Material	<input type="text"/>		
Energy Savings	<input type="text"/>	Units	
Life (years)	<input type="text"/>	Annual kWh Annual MMBtu Annual Therms	Natural Gas Wood Oil Coal Electric Kerosene Propane Other

Notes :

Client Name:
 Client ID:
 Alt. Client ID:

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Client Surveys

CLIENT INFORMATION

Client ID: 05_348
Client Name: Tanner, David
Alt. Client ID:
Address: 114 Athens
 Anytown
 US 01234

AGENCY INFORMATION

Agency Name: Demonstration Agency
Address: 725 Jefferson St.
 Any City
 US 11111
Office Phone: (123) 456-7890
Office Email: agencyemail@localisp.net

<u>Contact Name</u>	<u>Home Ph</u>	<u>Work Ph</u>	<u>Cell Ph</u>	<u>Contact Type</u>	<u>Primary Applicant</u>	<u>Comment</u>
Tanner, David	(111) 764-5687	(111) 764-3789	(111) 764-9902	Applicant/Person of Record	<input checked="" type="checkbox"/>	
Tanner, John		(254) 567-8908		Applicant/Person of Record	<input type="checkbox"/>	Son of primary applicant

Client Name: Tanner, David
Client ID: 05_348
Alt. Client ID:

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Client Surveys

Survey Name Intake Survey

<u>Question</u>	<u>Answer</u>	<u>Comment</u>
1 Age of dwelling (year built)	(1952)	
2 Thermostat setting - Day	72	
3 Thermostat setting - Night	65	
4 Existing setback thermostat?	No	
5 Setback thermostat properly used?	NA	
6 Install setback thermostat?	No	
7 Client comfort at temperature settings (specify location of drafts, warm rooms, cold rooms)	Not totally	Draft near back door
8 Supply/returns in cold rooms? Specify.	No	
9 Basement used as living space? If yes, describe.	No	
10 Basement temperature during winter?	45	
11 Attic use (storage, other)	No	
12 How will attic use affect attic insulating?	No	
13 Rooms closed off during winter (locate and explain)?	No	
14 Age (years)	4	
15 Describe repairs in last 3 years	Roof patched	
16 Routine maintenance (Yes or No)?	No	
17 Describe routine maintenance	None	
18 Does the dwelling have icicles or ice dams (Yes or No)? Explain if Yes.	No	
19 Does the dwelling have moisture problems, mold or mildew (Yes or No)? Explain if Yes.	No	
20 Does the dwelling have freezing pipes (Yes or No)? Explain if Yes.	No	
21 Does the client have recurrent headaches, itching or burning eyes while at home (Yes or No)? Explain if Yes.	No	
22 Other (specify)		

Client Name: Tanner, David
 Client ID: 05_348
 Alt. Client ID:

Client Surveys
 Report Run On: 10/25/2005

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