

AUDIT DATA COLLECTION FORM

Client Name:	HH#		
Address: City:	Phone 1: Phone 2:		
Audit Date:	Auditor:	Temp In:	Out:

Dwelling characteristics

Year Built:	# Conditioned Stories:	Total square feet:
Comments:		

1. Year Dwelling Constructed
2. Any remodeling? Where? What year?
3. # people living in home?
4. Daytime Tstat setting?
5. Nighttime Tstat setting?
6. Existing setback?
7. Setback properly used?
8. Client comfort, list cold room, warm rooms, etc.
9. Supply/returns in cold rooms?
10. Basement used as living space?
11. Basement temp during winter?
12. Attic use: Living, storage, etc.
13. Will attic use affect insulation?
14. Rooms closed off during winter?
15. Age of furnace/boiler?
16. Describe repairs in last 3 years.
17. Routine maintenance? Yes/no
18. Describe routine maintenance.
19. Do you change filters? How often?
20. How old is your water tank?
21. Routine maintenance? Yes/no
22. Icicles or ice dams in winter? Explain.
23. Water in basement/crawlspace?
24. Evidence of moisture/mold?
25. Freezing pipes?
26. Recurring headaches, itching/burning eyes?
27. Roof leaks?
28. Plans for remodeling?
29. Homeschooled children? Daycare?
30. Crawlspace used for storage?
31. Other problems?

32. Area of most concern that could possibly be addressed?

Building Shell-Walls

Wall Type 1

Wall Type: <input type="checkbox"/> Balloon <input type="checkbox"/> Platform <input type="checkbox"/> Masonry <input type="checkbox"/> Block <input type="checkbox"/> Other	Stud Size: <input type="checkbox"/> 2x2 <input type="checkbox"/> 2x3 <input type="checkbox"/> 2x4 <input type="checkbox"/> 2x6 <input type="checkbox"/> 2x8	Exterior Type: <input type="checkbox"/> Wood <input type="checkbox"/> Metal/Vinyl <input type="checkbox"/> Stucco <input type="checkbox"/> Brick/Stone <input type="checkbox"/> Other	Exposed to: <input type="checkbox"/> Outside <input type="checkbox"/> Buffered Existing R-Value:	Existing Insul: <input type="checkbox"/> Cell Blown <input type="checkbox"/> FG Blown <input type="checkbox"/> Rockwool <input type="checkbox"/> Batts FG <input type="checkbox"/> Polystyrene <input type="checkbox"/> Other				
Wall Codes & Area (break out 1st and 2nd fl): <table border="1"> <tr> <td style="width: 50%;"><i>North</i></td> <td style="width: 50%;"><i>East</i></td> </tr> <tr> <td><i>South</i></td> <td><i>West</i></td> </tr> </table>		<i>North</i>	<i>East</i>	<i>South</i>	<i>West</i>	Added Insulation: <input type="checkbox"/> Blown cellulose <input type="checkbox"/> Cellulose-interior <input type="checkbox"/> Cellulose-wood <input type="checkbox"/> Cellulose-slate/vinyl <input type="checkbox"/> Cellulose-steel/alum <input type="checkbox"/> Cellulose-stucco Additional Costs (i.e. LSWP):		
<i>North</i>	<i>East</i>							
<i>South</i>	<i>West</i>							
Comments:								

Wall Type 2

Wall Type: <input type="checkbox"/> Balloon <input type="checkbox"/> Platform <input type="checkbox"/> Masonry <input type="checkbox"/> Block <input type="checkbox"/> Other	Stud Size: <input type="checkbox"/> 2x2 <input type="checkbox"/> 2x3 <input type="checkbox"/> 2x4 <input type="checkbox"/> 2x6 <input type="checkbox"/> 2x8	Exterior Type: <input type="checkbox"/> Wood <input type="checkbox"/> Metal/Vinyl <input type="checkbox"/> Stucco <input type="checkbox"/> Brick/Stone <input type="checkbox"/> Other	Exposed to: <input type="checkbox"/> Outside <input type="checkbox"/> Buffered Existing R-Value:	Existing Insul: <input type="checkbox"/> Cell Blown <input type="checkbox"/> FG Blown <input type="checkbox"/> Rockwool <input type="checkbox"/> Batts FG <input type="checkbox"/> Polystyrene <input type="checkbox"/> Other
Wall Codes & Area (break out 1st and 2nd fl): 		Added Insulation: <input type="checkbox"/> Blown cellulose		



Attic 3

<p>Attic Code:</p> <p>Joist Spacing: <input type="checkbox"/> 16in <input type="checkbox"/> 24in</p> <p>Area (sq ft):</p>	<p>Attic Type:</p> <p><input type="checkbox"/> Floored</p> <p><input type="checkbox"/> Unfloored</p> <p><input type="checkbox"/> Cathedral or Flat</p> <p><input type="checkbox"/> Outer Ceiling Joist</p> <p><input type="checkbox"/> Collar Beam</p> <p><input type="checkbox"/> Kneewall</p> <p><input type="checkbox"/> Roof Rafter</p>	<p>Existing Insulation:</p> <p><input type="checkbox"/> Cellulose Blown</p> <p><input type="checkbox"/> FG Blown</p> <p><input type="checkbox"/> Rockwool</p> <p><input type="checkbox"/> Batts FG</p> <p><input type="checkbox"/> Other:</p> <p>Existing Depth (in):</p>
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Comments: *(include information on bypasses, notable features, etc.)*

<p>Added Insulation</p> <p><input type="checkbox"/> Blown cellulose</p> <p><input type="checkbox"/> Below Floor-Cellulose</p> <p><input type="checkbox"/> Slants-Side Attic Method</p> <p><input type="checkbox"/> Slants-Drill/Blow/Patch</p> <p><input type="checkbox"/> FG Batt R22</p> <p><input type="checkbox"/> Other:</p>	<p>Additional Costs</p> <p><input type="checkbox"/> Access fee-Interior</p> <p><input type="checkbox"/> Access fee-Roof</p> <p><input type="checkbox"/> Bypass sealing: # hours _____</p> <p><input type="checkbox"/> Flue Shielding</p> <p><input type="checkbox"/> Vent Chutes: # chutes_____</p>	<p><input type="checkbox"/> Hatch-horizontal</p> <p><input type="checkbox"/> Hatch-vertical</p> <p><input type="checkbox"/> Hatch-WS ONLY</p> <p><input type="checkbox"/> Knob & Tube</p> <p><input type="checkbox"/> Other:</p>
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Attic 4

<p>Attic Code:</p> <p>Joist Spacing: <input type="checkbox"/> 16in <input type="checkbox"/> 24in</p> <p>Area (sq ft):</p>	<p>Attic Type:</p> <input type="checkbox"/> Floored <input type="checkbox"/> Unfloored <input type="checkbox"/> Cathedral or Flat <input type="checkbox"/> Outer Ceiling Joist <input type="checkbox"/> Collar Beam <input type="checkbox"/> Kneewall <input type="checkbox"/> Roof Rafter	<p>Existing Insulation:</p> <input type="checkbox"/> Cellulose Blown <input type="checkbox"/> FG Blown <input type="checkbox"/> Rockwool <input type="checkbox"/> Batts FG <input type="checkbox"/> Other: <p>Existing Depth (in):</p>
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Comments: (include information on bypasses, notable features, etc.)

<p>Added Insulation</p> <input type="checkbox"/> Blown cellulose <input type="checkbox"/> Below Floor-Cellulose <input type="checkbox"/> Slants-Side Attic Method <input type="checkbox"/> Slants-Drill/Blow/Patch <input type="checkbox"/> FG Batt R22 <input type="checkbox"/> Other:	<p>Additional Costs</p> <input type="checkbox"/> Access fee-Interior <input type="checkbox"/> Access fee-Roof <input type="checkbox"/> Bypass sealing: # hours ____ <input type="checkbox"/> Flue Shielding <input type="checkbox"/> Vent Chutes: # chutes ____	<input type="checkbox"/> Hatch-horizontal <input type="checkbox"/> Hatch-vertical <input type="checkbox"/> Hatch-WS ONLY <input type="checkbox"/> Knob & Tube <input type="checkbox"/> Other:
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Building Shell-Foundation

Foundation 1

<p>Foundation Code:</p> <p>Type:</p> <p><input type="checkbox"/> Conditioned</p> <p><input type="checkbox"/> Non Conditioned</p> <p><input type="checkbox"/> Vented Non Conditioned</p> <p><input type="checkbox"/> Unintentionally Conditioned</p> <p><input type="checkbox"/> Slab Uninsulated</p> <p><input type="checkbox"/> Insulated Slab</p>	<p>Floor Area:</p> <p>Joist size (in):</p> <p><input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> 12</p> <p>Wall Height:</p> <p>Total Perimeter:</p> <p>Height Exposed:</p> <p>Existing R-Value (walls):</p>	<p>Add Sill Insulation</p> <p><input type="checkbox"/> 2 Part Foam</p> <p><input type="checkbox"/> Rigid Board</p> <p>Perimeter to Insulate:</p> <hr/> <p>Add Wall Insulation</p> <p><input type="checkbox"/> 2 Part Foam</p> <p><input type="checkbox"/> Rigid Board</p> <p>Total sq ft:</p> <hr/> <p><input type="checkbox"/> Vapor Barrier Needed</p> <p>Total sq ft (include walls):</p> <hr/> <p><input type="checkbox"/> Seal ducts in crawlspace</p>
<p>Comments:</p>		

Foundation 2

<p>Foundation Code:</p> <p>Type:</p> <input type="checkbox"/> Conditioned <input type="checkbox"/> Non Conditioned <input type="checkbox"/> Vented Non Conditioned <input type="checkbox"/> Unintentionally Conditioned <input type="checkbox"/> Slab Uninsulated <input type="checkbox"/> Insulated Slab	<p>Floor Area:</p> <p>Joist size (in): <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> 12</p> <p>Wall Height:</p> <p>Total Perimeter:</p> <p>Height Exposed:</p> <p>Existing R-Value (walls):</p>	<p>Add Sill Insulation</p> <input type="checkbox"/> 2 Part Foam <input type="checkbox"/> Rigid Board Perimeter to Insulate: <hr/> <p>Add Wall Insulation</p> <input type="checkbox"/> 2 Part Foam <input type="checkbox"/> Rigid Board Total sq ft: <hr/> <input type="checkbox"/> Vapor Barrier Needed Total sq ft (include walls): <hr/> <input type="checkbox"/> Seal ducts in crawlspace
<p>Comments:</p>		

Heating

Heating System 1

<p>General Information</p> <p>Heating Code:</p> <p>Equipment Type:</p> <input type="checkbox"/> Gravity Furnace <input type="checkbox"/> Forced Air Furnace <input type="checkbox"/> Hot Water Boiler <input type="checkbox"/> Fixed Electric Resistance <input type="checkbox"/> Vented Space Heater <input type="checkbox"/> Other _____	<p>Manufacturer:</p> <p>Model #:</p> <p>Input:</p> <p>Output:</p> <p>AFUE:</p> <p>Age:</p> <p>Condition:</p> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor (but working)	<p>Replacement System:</p> <input type="checkbox"/> Evaluate Replacement <input type="checkbox"/> Tune-up Mandatory <input type="checkbox"/> Replace w/High Efficiency <input type="checkbox"/> Replace w/Standard
<p>Fuel:</p> <input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electricity <input type="checkbox"/> Other _____	<p>Programmable T-Stat:</p> <input type="checkbox"/> Yes	<p>Cabinet size:</p> <input type="checkbox"/> Install EC motor upgrade <input type="checkbox"/> New Slot <input type="checkbox"/> New Cover
<p>Location:</p> <input type="checkbox"/> Heated Space <input type="checkbox"/> Unconditioned Space <input type="checkbox"/> Unintentionally Heated	<p>Automatic Vent Damper:</p> <input type="checkbox"/> Present	<p>Additional Costs:</p> <input type="checkbox"/> Cond. Pump-New <input type="checkbox"/> Cond. Pump-Replace Line
<p>Heat Supplied:</p> <input type="checkbox"/> 100% <input type="checkbox"/> Other _____	<p>Pilot Light/IID:</p> <input type="checkbox"/> IID <input type="checkbox"/> Pilot <input type="checkbox"/> On in summer	<p>Seal Ductwork</p> <input type="checkbox"/> HVAC contractor <input type="checkbox"/> WX contractor
	<p>Power Burner:</p> <input type="checkbox"/> Yes	<p>Combustion Air:</p> <input type="checkbox"/> New <input type="checkbox"/> Remove from return <input type="checkbox"/> J trap only
		<p><input type="checkbox"/> Remove humidifier</p> <p>Other:</p>

Comments:

<p>Damper Type:</p> <input type="checkbox"/> None Found <input type="checkbox"/> Electric <input type="checkbox"/> Thermal <input type="checkbox"/> Barometric <input type="checkbox"/> None-Recommended <input type="checkbox"/> Other	<p>Damper Condition:</p> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor (working) <input type="checkbox"/> Broken <input type="checkbox"/> Broken-Replace <input type="checkbox"/> N/A	<p>Chimney Type:</p> <input type="checkbox"/> Masonry-Lined <input type="checkbox"/> Masonry-Unlined <input type="checkbox"/> Metal <input type="checkbox"/> None <input type="checkbox"/> Other	<p>Chimney Condition:</p> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor (working) <input type="checkbox"/> Broken <input type="checkbox"/> None <input type="checkbox"/> N/A
<p>Flue Type:</p> <input type="checkbox"/> Metal-Single Wall <input type="checkbox"/> Metal-Double Wall <input type="checkbox"/> PVC <input type="checkbox"/> Other	<p>Flue Condition:</p> <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor (working) <input type="checkbox"/> Broken <input type="checkbox"/> N/A	<p>Flue Diameter (in):</p> <p>Combustion System:</p> <input type="checkbox"/> Sealed <input type="checkbox"/> Unsealed	<p>Combustion Air:</p> <input type="checkbox"/> Adequate <input type="checkbox"/> Present-Inadequate <input type="checkbox"/> None <input type="checkbox"/> Other

<p>Inspections:</p> <input type="checkbox"/> Cracked heat exchanger	<p>Elec. Service Switch:</p> <input type="checkbox"/> Good	<p>Thermostat:</p> <p>Thermostat Type:</p>	<p>Daytime Setting:</p>
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<input type="checkbox"/> Insufficient Clearance <input type="checkbox"/> Gas Leak Present <input type="checkbox"/> Fuel Shutoff Valve MISSING <input type="checkbox"/> Drip Leg MISSING <input type="checkbox"/> Any Other Problems	<input type="checkbox"/> Fair <input type="checkbox"/> Poor (working) <input type="checkbox"/> Broken <input type="checkbox"/> None <input type="checkbox"/> N/A	<input type="checkbox"/> Bimetal <input type="checkbox"/> Mercury Bulb <input type="checkbox"/> Elec-(no setback) <input type="checkbox"/> Elec-Setback <input type="checkbox"/> Powerpile	Nighttime Setting: Anticipator Setting: <input type="checkbox"/> Relocate <input type="checkbox"/> Adjustment Needed
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Furnace Components:

Adjustable Control Settings Fan On: | Fan Off: |High Limit: | Limit not working

Burner Type: <input type="checkbox"/> Ribbon <input type="checkbox"/> Power <input type="checkbox"/> Upshot <input type="checkbox"/> Flame Retention <input type="checkbox"/> Other	Burner Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor (working) <input type="checkbox"/> Broken <input type="checkbox"/> None <input type="checkbox"/> N/A	Pilot Type: <input type="checkbox"/> On in Summer <input type="checkbox"/> Off in Summer <input type="checkbox"/> Hot Surface <input type="checkbox"/> IID <input type="checkbox"/> Other	Blower Type: <input type="checkbox"/> Direct <input type="checkbox"/> Belt Blower Condition <input type="checkbox"/> Clean <input type="checkbox"/> Dirty <input type="checkbox"/> Plugged	Belt Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor (working) <input type="checkbox"/> Broken <input type="checkbox"/> None <input type="checkbox"/> N/A
Humidifier: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor (working) <input type="checkbox"/> Broken <input type="checkbox"/> None	Elect Air Cleaner <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor (working) <input type="checkbox"/> Broken <input type="checkbox"/> None	AC Coil: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor (working) <input type="checkbox"/> Broken <input type="checkbox"/> None	Filter Size:	Filter Condition: <input type="checkbox"/> Clean <input type="checkbox"/> Fair <input type="checkbox"/> Dirty <input type="checkbox"/> Plugged <input type="checkbox"/> None

Boiler Components:

ASBESTOS PRESENT REMOVAL REQUIRED

System Type: <input type="checkbox"/> Gravity <input type="checkbox"/> Pump Pump Location: <input type="checkbox"/> Supply <input type="checkbox"/> Return	Xtank Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor (working) <input type="checkbox"/> Broken	Drain Valve Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor (working) <input type="checkbox"/> Broken	General Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor (working) <input type="checkbox"/> Broken
<input type="checkbox"/> T/P Valve Present Pressure Reading: <input type="checkbox"/> Low Water Cutoff AquaStat Setting:	Convactor Type: <input type="checkbox"/> Radiator <input type="checkbox"/> Baseboard <input type="checkbox"/> Both <input type="checkbox"/> Operable in Each Room <input type="checkbox"/> Operable in Unconditioned Space <input type="checkbox"/> Client knows how to use Radiator Key <input type="checkbox"/> Zone Valves Present		Zone Valve Type/Model: Zone Valve Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor (working) <input type="checkbox"/> Broken

Comments:

Baseloads

Water Heating

General Information Manufacturer: Model #: Fuel: <input type="checkbox"/> Natural Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electricity <input type="checkbox"/> Other Input: Age:		Location: <input type="checkbox"/> Heated Space <input type="checkbox"/> Unconditioned Space <input type="checkbox"/> Unintentionally Heated Size (gallons): <input type="checkbox"/> 30 <input type="checkbox"/> 40 <input type="checkbox"/> 50 <input type="checkbox"/> 75 <input type="checkbox"/> Water heater wrap present <input type="checkbox"/> Pipe wrap present Original Tank Insulation (in): Insulation Type: <input type="checkbox"/> Fiberglass <input type="checkbox"/> Polyurethane		Inspections <input type="checkbox"/> Insufficient Clearance <input type="checkbox"/> Gas Leak Present <input type="checkbox"/> Fuel Shutoff Valve MISSING <input type="checkbox"/> Drip Leg MISSING Elec. Service Switch: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor (working) <input type="checkbox"/> Broken <input type="checkbox"/> None <input type="checkbox"/> N/A Hot Water Temp: <input type="checkbox"/> Temp adjustment Needed <input type="checkbox"/> Relief Piping Needed <input type="checkbox"/> Water Leak Present	
Damper Type: <input type="checkbox"/> None Found <input type="checkbox"/> Electric <input type="checkbox"/> Thermal <input type="checkbox"/> Barometric <input type="checkbox"/> None-Recommended <input type="checkbox"/> Other	Damper Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor (working) <input type="checkbox"/> Broken <input type="checkbox"/> Broken-Replace <input type="checkbox"/> N/A	Chimney Type: <input type="checkbox"/> Masonry-Lined <input type="checkbox"/> Masonry-Unlined <input type="checkbox"/> Metal <input type="checkbox"/> None <input type="checkbox"/> Other	Chimney Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor (working) <input type="checkbox"/> Broken <input type="checkbox"/> None <input type="checkbox"/> N/A		
Flue Type: <input type="checkbox"/> Metal-Single Wall <input type="checkbox"/> Metal-Double Wall <input type="checkbox"/> PVC <input type="checkbox"/> Other	Flue Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor (working) <input type="checkbox"/> Broken <input type="checkbox"/> N/A	Replacement System: <input type="checkbox"/> Replace with PV unit <input type="checkbox"/> Replace with Atmospheric <input type="checkbox"/> Re-vent to 4" <input type="checkbox"/> Fix Venting Issues:			
Flue Diameter:	Combustion Air: <input type="checkbox"/> Adequate <input type="checkbox"/> Present-Inadequate <input type="checkbox"/> None <input type="checkbox"/> Other	Combustion Air: <input type="checkbox"/> New <input type="checkbox"/> Remove from return <input type="checkbox"/> J trap only	<input type="checkbox"/> PV Exists-Needs GFI <input type="checkbox"/> Other:		
Comments:					

HEATING PLANT	
FLUE GAS ANALYSIS	
INLET TEMP:	
FLUE GAS TEMP:	
NET STACK TEMP:	
% OXYGEN:	
% CO2:	
SMOKE #:	
SSE:	
CARBON MONOXIDE	
CO IN FLUE (PPM):	
CO FREE AIR (PPM):	
HEAT RISE TEST	
RETURN:	
SUPPLY:	
HEAT RISE:	
RATED HEAT RISE:	

MULTI CHAMBER HEATING PLANT					
INLET TEMP:					
FLUE GAS:					
NET STACK:					
% OXYGEN:					
% CO2:					
SSE:					
CO IN FLUE:					
CO FREE AIR:					

DHW	
FLUE GAS ANALYSIS	
INLET TEMP:	
FLUE GAS TEMP:	
NET STACK TEMP:	
% OXYGEN:	
% CO2:	
SMOKE #:	
SSE:	
CARBON MONOXIDE	
CO IN FLUE (PPM):	
CO FREE AIR (PPM):	

Comments:

Refrigerator

<i>General Information</i>		<input type="checkbox"/> Replace -- Other funding source <input type="checkbox"/> Replace – Evaluate w/DOE	
Manufacturer:		Model:	
Size (cu ft): <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 21 <input type="checkbox"/> Other:	Style: <input type="checkbox"/> Top Freezer <input type="checkbox"/> Bottom Freezer <input type="checkbox"/> Side by Side <input type="checkbox"/> Single Door <input type="checkbox"/> Single Door w/ Freezer <input type="checkbox"/> Other	Age: <input type="checkbox"/> < 5 <input type="checkbox"/> 10-15 <input type="checkbox"/> 5-9 <input type="checkbox"/> >15	Door Seal: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Location: <input type="checkbox"/> Heated Space <input type="checkbox"/> Unconditioned Space <input type="checkbox"/> Unintentionally Heated	Defrost: <input type="checkbox"/> Auto <input type="checkbox"/> Manual	Comments: 	

Health and Safety

Smoke/CO Alarms

SMOKE ALARM			CO ALARM		
Location	Working < 5 years	Install New	Location	Working < 5 years	Install New
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
COMBO SMOKE/CO ALARM			Total Smoke to Install: Total CO to Install: Total COMBO Smoke/CO:		
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>	Comments:		
	<input type="checkbox"/>	<input type="checkbox"/>			
	<input type="checkbox"/>	<input type="checkbox"/>			

Equipment

<input type="checkbox"/> Wood Stove Present	<input type="checkbox"/> Fireplace Present
<input type="checkbox"/> Improper Venting	<input type="checkbox"/> Noticeable Creosote
<input type="checkbox"/> Dedicated CAI	<input type="checkbox"/> CAI Inadequate
Solid Fuel Fired Appliance	
Condition	Shielding Materials
Measured Clearance	Listed Clearance
Solid Fuel Venting	
Condition	Shielding Materials
Measured Clearance	Listed Clearance
Solid Fuel Chimney	
Condition	Shielding Materials
Measured Clearance	Listed Clearance
Type	Damper Condition
Chimney Termination Condition	
<input type="checkbox"/> Clothes Dryer improper venting	
<i>Exhaust Fans</i>	
Bathroom	Kitchen
<input type="checkbox"/> Missing	<input type="checkbox"/> Missing
<input type="checkbox"/> Not Operational	<input type="checkbox"/> Not Operational
<input type="checkbox"/> Improper Vent	<input type="checkbox"/> Improper Vent
<input type="checkbox"/> Air-to-Air Exchanger Exists	
<i>Fan measurements on "Blower Door Testing Form"</i>	
CO Measurement Oven:	
Gas Leak Present <input type="checkbox"/>	
Comments:	

<input type="checkbox"/> Dryer Venting VENT ONLY		
<input type="checkbox"/> Dryer Venting HOOD ONLY		
<input type="checkbox"/> Dryer Venting VENT AND HOOD		
<hr/>		
<input type="checkbox"/> Clean/Tune Oven		
<input type="checkbox"/> Clean/Tune Stove Top Burners		
<input type="checkbox"/> Repair Gas Leak At Cook Stove		
<hr/>		
Install Exhaust Fan(s)		
Location:		
<input type="checkbox"/> Motion	<input type="checkbox"/> Switch	<input type="checkbox"/> Low Profile
<input type="checkbox"/> w/Light		
<input type="checkbox"/> Range Hood (standard)		
<input type="checkbox"/> Range Hood (Venmar)		
Accessible Attic Above? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Possible Venting Locations:		
<input type="checkbox"/> Gable <input type="checkbox"/> Roof <input type="checkbox"/> Other:		
Additional Instructions:		
<hr/>		
<input type="checkbox"/> Revent Existing Fan(s)		
Location(s):		
<input type="checkbox"/> Service Existing Fan		
Location(s):		
<hr/>		
<input type="checkbox"/> Install 2nd Fan <i>(list instructions in "Comments")</i>		
<input type="checkbox"/> Other:		

<p><i>Attic</i></p> <input type="checkbox"/> Recessed Lights Present <input type="checkbox"/> Chimney/Flue Shielding <input type="checkbox"/> Wiring Problems <input type="checkbox"/> Ventilation Inadequate <input type="checkbox"/> Water Leaks Present <input type="checkbox"/> Moisture/Mold Evident <input type="checkbox"/> Vermiculite Present <p>Other Problems:</p>	<p><i>Walls</i></p> <input type="checkbox"/> Wiring Problems <input type="checkbox"/> Water Leaks Present <input type="checkbox"/> Moisture/Mold Evident <input type="checkbox"/> Lead Base Paint is Likely <input type="checkbox"/> Asbestos in Siding is Likely <p>Other Problems:</p>	<p><i>Basement/Crawlspace</i></p> <input type="checkbox"/> Vapor Barrier Needed <input type="checkbox"/> Wiring Problems <input type="checkbox"/> Water Leaks Present <input type="checkbox"/> Plumbing Leaks Present <input type="checkbox"/> Moisture/Mold Evident <p>Other Problems:</p>
<p>Comments:</p>		

Building Shell-Windows				
Jalousie Wood Single Pane Fixed Awning Slider Skylight		Metal Storm/Single Fixed Bad Storm/Single Door window Double Pane	Very Tight Tight Medium Loose Quite Loose	<p>Comments:</p>

Code(s)	Type	Leakiness	Width	Height	Wall	#	Repair
		VT/T/M/L/QL					<input type="checkbox"/>
		VT/T/M/L/QL					<input type="checkbox"/>
		VT/T/M/L/QL					<input type="checkbox"/>
		VT/T/M/L/QL					<input type="checkbox"/>
		VT/T/M/L/QL					<input type="checkbox"/>
		VT/T/M/L/QL					<input type="checkbox"/>
		VT/T/M/L/QL					<input type="checkbox"/>
		VT/T/M/L/QL					<input type="checkbox"/>
		VT/T/M/L/QL					<input type="checkbox"/>
		VT/T/M/L/QL					<input type="checkbox"/>
		VT/T/M/L/QL					<input type="checkbox"/>
		VT/T/M/L/QL					<input type="checkbox"/>
		VT/T/M/L/QL					<input type="checkbox"/>
		VT/T/M/L/QL					<input type="checkbox"/>
		VT/T/M/L/QL					<input type="checkbox"/>
		VT/T/M/L/QL					<input type="checkbox"/>
		VT/T/M/L/QL					<input type="checkbox"/>
		VT/T/M/L/QL					<input type="checkbox"/>
		VT/T/M/L/QL					<input type="checkbox"/>
		VT/T/M/L/QL					<input type="checkbox"/>
		VT/T/M/L/QL					<input type="checkbox"/>
		VT/T/M/L/QL					<input type="checkbox"/>
		VT/T/M/L/QL					<input type="checkbox"/>

A large rectangular grid with a fine mesh of small squares. A single horizontal line is drawn across the grid, approximately one-third of the way down from the top edge.A large rectangular grid with a fine mesh of small squares. The grid is divided into four vertical columns by three vertical lines. A single horizontal line is drawn across the grid, approximately one-third of the way down from the top edge.

