

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 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 (<i>break out 1st and 2nd fl</i>): <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border: 1px solid black; height: 40px; vertical-align: bottom; text-align: center;"><i>North</i></td> <td style="width: 50%; border: 1px solid black; height: 40px; vertical-align: bottom; text-align: center;"><i>East</i></td> </tr> <tr> <td style="width: 50%; border: 1px solid black; height: 40px; vertical-align: bottom; text-align: center;"><i>South</i></td> <td style="width: 50%; border: 1px solid black; height: 40px; vertical-align: bottom; text-align: center;"><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				
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<i>North</i>	<i>East</i>							
<i>South</i>	<i>West</i>							
Comments:								

Wall Type 3

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				
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<i>North</i>	<i>East</i>							
<i>South</i>	<i>West</i>							
Comments:								

Wall Type 4

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				
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<i>North</i>	<i>East</i>							
<i>South</i>	<i>West</i>							
Comments:								

Building Shell-Attic

Attic 1

Attic Code: Joist Spacing: <input type="checkbox"/> 16in <input type="checkbox"/> 24in Area (sq ft):	Attic Type: <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	Existing Insulation: <input type="checkbox"/> Cellulose Blown <input type="checkbox"/> FG Blown <input type="checkbox"/> Rockwool <input type="checkbox"/> Batts FG <input type="checkbox"/> Other: Existing Depth (in): Max Depth (in):
Comments: <i>(include information on bypasses, notable features, etc.)</i>		
Added Insulation <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:	Additional Costs <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <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 _____ </div> <div style="width: 35%;"> <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: </div> </div>	

<div style="border: 1px solid #ccc; width: 100%; height: 100%; background-image: linear-gradient(to right, #ccc 1px, transparent 1px), linear-gradient(to bottom, #ccc 1px, transparent 1px); background-size: 20px 20px;"></div>	<div style="border: 1px solid #ccc; width: 100%; height: 100%; background-image: linear-gradient(to right, #ccc 1px, transparent 1px), linear-gradient(to bottom, #ccc 1px, transparent 1px); background-size: 20px 20px;"></div>
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Attic 2

Attic Code: Joist Spacing: <input type="checkbox"/> 16in <input type="checkbox"/> 24in Area (sq ft):	Attic Type: <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	Existing Insulation: <input type="checkbox"/> Cellulose Blown <input type="checkbox"/> FG Blown <input type="checkbox"/> Rockwool <input type="checkbox"/> Batts FG <input type="checkbox"/> Other: Existing Depth (in): Max Depth (in):
Comments: <i>(include information on bypasses, notable features, etc.)</i>		
Added Insulation <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:	Additional Costs <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:	

Attic 3		
Attic Code: Joist Spacing: <input type="checkbox"/> 16in <input type="checkbox"/> 24in Area (sq ft):	Attic Type: <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	Existing Insulation: <input type="checkbox"/> Cellulose Blown <input type="checkbox"/> FG Blown <input type="checkbox"/> Rockwool <input type="checkbox"/> Batts FG <input type="checkbox"/> Other: Existing Depth (in): Max Depth (in):
Comments: <i>(include information on bypasses, notable features, etc.)</i>		
Added Insulation <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:	Additional Costs <div> <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 ____ </div> <div> <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: </div>	

Attic 4

Attic Code: Joist Spacing: <input type="checkbox"/> 16in <input type="checkbox"/> 24in Area (sq ft):	Attic Type: <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	Existing Insulation: <input type="checkbox"/> Cellulose Blown <input type="checkbox"/> FG Blown <input type="checkbox"/> Rockwool <input type="checkbox"/> Batts FG <input type="checkbox"/> Other: Existing Depth (in): Max Depth (in):
Comments: <i>(include information on bypasses, notable features, etc.)</i>		
Added Insulation <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:	Additional Costs <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:	

Building Shell-Foundation

Foundation 1

Foundation Code: Type: <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	Floor Area: Joist size (in): <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> 12 Wall Height: Total Perimeter: Height Exposed: Existing R-Value (walls):	Add Sill Insulation <input type="checkbox"/> 2 Part Foam <input type="checkbox"/> Rigid Board Perimeter to Insulate: <hr style="border: 0; border-top: 1px solid #ccc; margin: 5px 0;"/> Add Wall Insulation <input type="checkbox"/> 2 Part Foam <input type="checkbox"/> Rigid Board Total sq ft: <hr style="border: 0; border-top: 1px solid #ccc; margin: 5px 0;"/> <input type="checkbox"/> Vapor Barrier Needed Total sq ft (include walls): <hr style="border: 0; border-top: 1px solid #ccc; margin: 5px 0;"/> <input type="checkbox"/> Seal ducts in crawlspace
Comments: <div style="height: 100px;"></div>		

Foundation 2

Foundation Code: Type: <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	Floor Area: Joist size (in): <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/> 8 <input type="checkbox"/> 10 <input type="checkbox"/> 12 Wall Height: Total Perimeter: Height Exposed: Existing R-Value (walls):	Add Sill Insulation <input type="checkbox"/> 2 Part Foam <input type="checkbox"/> Rigid Board Perimeter to Insulate: <hr style="border: 0; border-top: 1px solid #ccc; margin: 5px 0;"/> Add Wall Insulation <input type="checkbox"/> 2 Part Foam <input type="checkbox"/> Rigid Board Total sq ft: <hr style="border: 0; border-top: 1px solid #ccc; margin: 5px 0;"/> <input type="checkbox"/> Vapor Barrier Needed Total sq ft (include walls): <hr style="border: 0; border-top: 1px solid #ccc; margin: 5px 0;"/> <input type="checkbox"/> Seal ducts in crawlspace
Comments: <div style="height: 100px;"></div>		

Heating

Heating System 1

<p>General Information</p> <p>Heating Code:</p> <p>Equipment Type:</p> <p><input type="checkbox"/> Gravity Furnace</p> <p><input type="checkbox"/> Forced Air Furnace</p> <p><input type="checkbox"/> Hot Water Boiler</p> <p><input type="checkbox"/> Fixed Electric Resistance</p> <p><input type="checkbox"/> Vented Space Heater</p> <p><input type="checkbox"/> Heat Pump</p> <p><input type="checkbox"/> Other _____</p> <p>Fuel:</p> <p><input type="checkbox"/> Natural Gas</p> <p><input type="checkbox"/> Oil</p> <p><input type="checkbox"/> Electricity</p> <p><input type="checkbox"/> Other _____</p> <p>Location:</p> <p><input type="checkbox"/> Heated Space</p> <p><input type="checkbox"/> Unconditioned Space</p> <p><input type="checkbox"/> Unintentionally Heated</p> <p>Heat Supplied:</p> <p><input type="checkbox"/> 100%</p> <p><input type="checkbox"/> Other _____</p>	<p>Manufacturer:</p> <p>Model #:</p> <p>Input:</p> <p>Output:</p> <p>AFUE:</p> <p>HSPF:</p> <p>Age:</p> <p>Condition:</p> <p><input type="checkbox"/> Good</p> <p><input type="checkbox"/> Fair</p> <p><input type="checkbox"/> Poor (but working)</p> <p>Programmable T-Stat:</p> <p><input type="checkbox"/> Yes</p> <p>Automatic Vent Damper:</p> <p><input type="checkbox"/> Present</p> <p>Pilot Light/IID:</p> <p><input type="checkbox"/> IID</p> <p><input type="checkbox"/> Pilot <input type="checkbox"/> On in summer</p> <p>Power Burner:</p> <p><input type="checkbox"/> Yes</p>	<p>Replacement System:</p> <p><input type="checkbox"/> Evaluate Replacement</p> <p><input type="checkbox"/> Tune-up Mandatory</p> <p><input type="checkbox"/> Replace w/High Efficiency</p> <p><input type="checkbox"/> Replace w/Standard</p> <p>Cabinet size:</p> <p><input type="checkbox"/> Install EC motor upgrade</p> <p><input type="checkbox"/> New Slot <input type="checkbox"/> New Cover</p> <p>Additional Costs:</p> <p><input type="checkbox"/> Cond. Pump-New</p> <p><input type="checkbox"/> Cond. Pump-Replace Line</p> <hr/> <p>Seal Ductwork</p> <p><input type="checkbox"/> HVAC contractor</p> <p><input type="checkbox"/> WX contractor</p> <hr/> <p>Combustion Air:</p> <p><input type="checkbox"/> New</p> <p><input type="checkbox"/> Remove from return</p> <p><input type="checkbox"/> J trap only</p> <hr/> <p><input type="checkbox"/> Remove humidifier</p> <hr/> <p>Other:</p>	
<p>Comments:</p>			
<p>Damper Type:</p> <p><input type="checkbox"/> None Found</p> <p><input type="checkbox"/> Electric</p> <p><input type="checkbox"/> Thermal</p> <p><input type="checkbox"/> Barometric</p> <p><input type="checkbox"/> None-Recommended</p> <p><input type="checkbox"/> Other</p>	<p>Damper Condition:</p> <p><input type="checkbox"/> Good</p> <p><input type="checkbox"/> Fair</p> <p><input type="checkbox"/> Poor (working)</p> <p><input type="checkbox"/> Broken</p> <p><input type="checkbox"/> Broken-Replace</p> <p><input type="checkbox"/> N/A</p>	<p>Chimney Type:</p> <p><input type="checkbox"/> Masonry-Lined</p> <p><input type="checkbox"/> Masonry-Unlined</p> <p><input type="checkbox"/> Metal</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Other</p>	<p>Chimney Condition:</p> <p><input type="checkbox"/> Good</p> <p><input type="checkbox"/> Fair</p> <p><input type="checkbox"/> Poor (working)</p> <p><input type="checkbox"/> Broken</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> N/A</p>

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	Flue Diameter (in): Combustion System: <input type="checkbox"/> Sealed <input type="checkbox"/> Unsealed	Combustion Air: <input type="checkbox"/> Adequate <input type="checkbox"/> Present-Inadequate <input type="checkbox"/> None <input type="checkbox"/> Other
Inspections: <input type="checkbox"/> Cracked heat exchanger <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	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	Thermostat: Thermostat Type: <input type="checkbox"/> Bimetal <input type="checkbox"/> Mercury Bulb <input type="checkbox"/> Elec-(no setback) <input type="checkbox"/> Elec-Setback <input type="checkbox"/> Powerpile	Daytime Setting: Nighttime Setting: Anticipator Setting: <input type="checkbox"/> Relocate <input type="checkbox"/> Adjustment Needed

Furnace Components: <input type="checkbox"/> Adjustable Control Settings Fan On: Fan Off: High Limit: <input type="checkbox"/> 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: <input type="checkbox"/> ASBESTOS PRESENT <input type="checkbox"/> 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:	Convector 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:		

Cooling System 1

General Information Cooling Code: Equipment Type: <input type="checkbox"/> Central AC <input type="checkbox"/> Room AC <input type="checkbox"/> Split AC <input type="checkbox"/> PTAC <input type="checkbox"/> Heat Pump <input type="checkbox"/> Other <input type="checkbox"/> NA Location: <input type="checkbox"/> Heated Space <input type="checkbox"/> Unconditioned Space <input type="checkbox"/> Unintentionally Heated Heat Supplied: <input type="checkbox"/> 100% <input type="checkbox"/> Other _____	Manufacturer: Model #: Input: Output: SEER/EER/CEER: Age: Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor (but working) Programmable T-Stat: <input type="checkbox"/> Yes	Replacement System: <input type="checkbox"/> Evaluate Replacement <input type="checkbox"/> Tune-up Mandatory <input type="checkbox"/> Replace w/High Efficiency <input type="checkbox"/> Replace w/Standard Cabinet size: <input type="checkbox"/> Install EC motor upgrade <input type="checkbox"/> New Slot <input type="checkbox"/> New Cover Additional Costs: <input type="checkbox"/> Cond. Pump-New <input type="checkbox"/> Cond. Pump-Replace Line <hr/> Seal Ductwork <input type="checkbox"/> HVAC contractor <input type="checkbox"/> WX contractor <hr/> <input type="checkbox"/> Other: _____ <hr/>
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Ducts

<p>General Information</p> <p>Duct Code:</p> <p>Duct Location:</p> <p><input type="checkbox"/> Conditioned Space</p> <p><input type="checkbox"/> Unconditioned Space</p> <p><input type="checkbox"/> Both</p> <p>Supply Surface Area:</p> <p>Return Surface Area:</p> <p>Duct Insulation R-value:</p> <p><input type="checkbox"/> Use Defaults</p> <p>Heat Supplied:</p> <p><input type="checkbox"/> 100%</p> <p><input type="checkbox"/> Other _____</p> <p>Cooling Supplied:</p> <p><input type="checkbox"/> 100%</p> <p><input type="checkbox"/> Other _____</p>	<p>Comments:</p>	<p>Repair:</p> <p><input type="checkbox"/> Seal Ducts</p> <p><input type="checkbox"/> Add/Repair Ducts</p> <p><input type="checkbox"/> Insulate Ducts</p> <p><input type="checkbox"/> Other: _____</p> <hr/> <p><input type="checkbox"/> Other:</p> <hr/>
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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 ASHP <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

General Information		<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 < 10 years	Install New	Location	Working < 10 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 <input type="checkbox"/> Creosote Dedicated <input checked="" type="checkbox"/> CAI CAI Inadequate		<input type="checkbox"/> Dryer Venting VENT ONLY <input type="checkbox"/> Dryer Venting HOOD ONLY <input type="checkbox"/> Dryer Venting VENT AND HOOD										
Solid Fuel Fired Appliance Condition Shielding Materials Measured Clearance Listed Clearance		<input type="checkbox"/> Clean/Tune Oven <input type="checkbox"/> Clean/Tune Stove Top Burners <input type="checkbox"/> Repair Gas Leak At Cook Stove										
Solid Fuel Venting Condition Shielding Materials Measured Clearance Listed Clearance		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)										
Solid Fuel Chimney Condition Shielding Materials Measured Clearance Listed Clearance Type Damper Condition Chimney Termination Condition		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:										
<input type="checkbox"/> Clothes Dryer improper venting Exhaust Fans <table border="0"> <tr> <td>Bathroom</td> <td>Kitchen</td> </tr> <tr> <td><input type="checkbox"/> Missing</td> <td><input type="checkbox"/> Missing</td> </tr> <tr> <td><input type="checkbox"/> Not Operational</td> <td><input type="checkbox"/> Not Operational</td> </tr> <tr> <td><input type="checkbox"/> Improper Vent</td> <td><input type="checkbox"/> Improper Vent</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Air-to-Air Exchanger Exists</td> </tr> </table> Fan measurements on "Blower Door Testing Form" CO Measurement Oven: Gas Leak Present <input type="checkbox"/>		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		<input type="checkbox"/> Revent Existing Fan(s) Location(s): <input type="checkbox"/> Service Existing Fan Location(s):
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												
Comments:		<input type="checkbox"/> Install 2nd Fan (list instructions in "Comments") <input type="checkbox"/> Other:										

Attic <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 Other Problems:	Walls <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 Other Problems:	Basement/Crawlspace <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 Other Problems:
Comments:		

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

Code(s)	Type	Leakiness	Int Shading	Ext Shading	Horiz Proj (in)	Lintel Dist (in)	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"/>

Building Shell-Doors										
Code(s)	Type			Leakage	Storm			W	H	#/Wall
	HCW	WSC	IS	T / M / L	A	D	N			W/S Sweep
	SPSG	DPSG								
	HCW	WSC	IS	T / M / L	A	D	N			W/S Sweep
	SPSG	DPSG								
	HCW	WSC	IS	T / M / L	A	D	N			W/S Sweep
	SPSG	DPSG								
	HCW	WSC	IS	T / M / L	A	D	N			W/S Sweep
	SPSG	DPSG								

