## APARTMENT BREAKDOWN

Building Type: Apt. _____ Assisted Living _____ Other: _____

### Apartment breakdown by # of rooms

<table>
<thead>
<tr>
<th>Line</th>
<th>Studio</th>
<th>1-BR</th>
<th>2-BR</th>
<th>3-BR</th>
<th>4-BR</th>
<th>5-BR</th>
<th>Totals</th>
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<td>Total</td>
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</table>
### Building Address:  

![Building Address Image]

### Data Collected by:  

![Data Collected by Image]

### Audit Date:  

![Audit Date Image]

### General

**City for Weather Data:**

![City for Weather Data Image]

#### Terrain:

- Urban
- Dense urban
- Suburban
- Open land
- Water

(please circle)

#### Shielding:

- None
- Light
- Moderate
- Heavy
- Very heavy

(please circle)

#### Ground Surface:

- Old Concrete
- New Concrete
- Crushed Rock
- Tar and Gravel
- Parking Lot
- Green Grass

(please circle)

### Number of Heated Floors:

![Number of Heated Floors Image]

### Number of Dwelling Units:

![Number of Dwelling Units Image]

### Ceiling height (ft):

![Ceiling height (ft) Image]

### Dwelling Mass:

- Heavy
- Med
- Light

(please circle)

### Above Grade Height (ft):

![Above Grade Height (ft) Image]

### Exterior Perimeter (ft):

![Exterior Perimeter (ft) Image]

### Cooling Equipment:

- Room Air Conditioning
- Central Air
- Heat Pump
- Other:

![Cooling Equipment Image]

### Number of room air conditioners:

![Number of room air conditioners Image]

---

**AUDITOR**

### Rated Cooling Capacity Per Unit(btuhr):

![Rated Cooling Capacity Per Unit Image]

(default: 8000 btu/hr per unit)

### Energy Efficiency Rating (eer):

![Energy Efficiency Rating (eer) Image]

(default: 8.00)

### Cooling Day Thermostat Setting:

![Cooling Day Thermostat Setting Image]

(default: 78F)
Cooling Night Thermostat Setting: _____ F (default: 78F)
Infiltration

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

Estimated Air Changes / Hour  (default)  Not Measured

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

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

Summer Only  exhaust flow rate  

supply flow rate  

Winter Only  exhaust flow rate  

supply flow rate  

Building Address: __________________________
Data Collected by ___________________________  Audit Date: __________

### Economics

<table>
<thead>
<tr>
<th>Primary Space Heating Fuel:</th>
<th>Gas</th>
<th>Secondary Space Heating Fuel:</th>
<th>Gas</th>
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<tbody>
<tr>
<td>(please circle)</td>
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<td>(please circle)</td>
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<tr>
<td>#2 Oil</td>
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<td>#2 Oil</td>
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<tr>
<td>#4 Oil</td>
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<tr>
<td>#6 Oil</td>
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<td>#6 Oil</td>
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</table>

<table>
<thead>
<tr>
<th>Domestic Hot Water Fuel:</th>
<th>Gas</th>
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<td>(please circle)</td>
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<td>#2 Oil</td>
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<td>#4 Oil</td>
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<tr>
<td>#6 Oil</td>
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</table>

<table>
<thead>
<tr>
<th>Metering:</th>
<th>Gas:</th>
<th>Master</th>
<th>Direct</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electric:</td>
<td>Master</td>
<td>Direct</td>
<td>Sub</td>
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</tbody>
</table>

**NOTE:** ASK SUPERINTENDENT IF THE TENANTS ARE PAYING FOR THEIR OWN ELECTRICITY (OR GAS).

IF THE TENANTS ARE RESPONSIBLE FOR THEIR OWN ELECTRICITY (OR GAS) BILLS, THEN THE BUILDING IS DIRECT METERED FOR ELECTRICITY (OR GAS).

IF THE OWNER PAYS FOR ELECTRICITY (OR GAS), THE BUILDING IS MASTER METERED.

ANOTHER WAY OF TELLING IF THE BUILDING IS DIRECTLY METERED FOR ELECTRICITY (OR GAS) IS TO CHECK THE METER ROOMS.

IF THE NUMBER OF ELECTRIC METERS (OR GAS METERS) IS THE SAME WITH THE NUMBER OF UNITS IN THE BUILDING, THEN BUILDING IS DIRECTLY METERED.

---

**AUDITOR**

Maximum expenditure: ________________

<table>
<thead>
<tr>
<th>Economic time horizon:</th>
<th>default, 15</th>
<th>Real discount rate:</th>
<th>default, 3.0</th>
</tr>
</thead>
</table>

Consider switching to gas:  
(please circle)  
Yes  No

Consider switching electric rates:  
(please circle)  
Yes  No
(please circle)
Building Address: __________________________

Data Collected by __________________________ Audit Date: _________

AUDITOR

Heating System

Heating equipment type:
(please circle)

Oil boiler w/atomizing burner

Oil boiler w/rotary-cup burner

Oil boiler w/ modulating burner

Power gas boiler

Atmospheric gas boiler

Oil furnace

Gas furnace

Heat pump

Combustion Efficiency:___________

Measured flue CO₂ (%):___________

Net flue gas temp (deg F):___________

Flue gas draft (in. H2O):___________

Measured flue CO (ppm):___________

Ambient CO (ppm):___________

Smoke spot test result (#spot):___________

Heating system condition:
(please circle)

Good

Fair w/ no leaks

Fair w/ poor insulation

Replace insulation

Poor w/ leaks

Good w/dirty heat xfer

Rated input capacity (mbtu/hr):___________

Boiler replacement cost ($) :___________

Burner replacement cost ($) :___________

Barometric damper condition:
(please circle,)

Good Poor None

Good

Upgrade burner

Burner condition:
(please circle)

Replace

Source of boiler room ventilation:
(please circle,)

Outside

Inside

Outside & Inside

Separate DHW system:
(please circle)

Yes No

Fuel Type:

Gas Oil

Insulated:

Yes No

Air inlet area (sqin.):___________
Heat Controls

Type of distribution systems: 1-pipe steam w/ vents 2-pipe steam w/ vents
Hot water Forced air

Total uninsulated pipe duct length (ft): __________

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

Type of heating control: Outdoor/indoor Indoor thermostat Thermostatic valves
Outdoor sensor Bad indoor sensor None

Condition of sensor/controls: Replace Repair Good

Number of sensors: __________

Heating day thermostat setting (F): __________ Heating night thermostat setting (F): __________

% of dwelling out of balance: ________________

NOTE: Auditor MUST record actual settings on the heating control.
Building Address: ____________________________
Data Collected by ____________________________ Audit Date: ____________

**Appliances**

Avg daytime occupants in dwelling: _______   Avg. night occupants in dwelling: _______
(# depends on building type)

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

Total length of uninsulated HW pipe: _______   Avg HW pipe diameter: _______

Dryer type: 
(please circle)  
- Gas  
- Electric  
- None

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

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

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

**AUDITOR**

Total daily hot water use (gal/day) _______   Number of showers in dwelling : _______
(# equal to number of apts in building)

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

Consider separate hot water heater: 
(please circle)  
- Yes  
- No  

Hot water temp. (deg): 120, default

Estimated summer efficiency (%): _______

Avg. annual refrigerator usage (kwh) _______

Number of refrigerators to be replaced: (80% of units) _______
### Walls

<table>
<thead>
<tr>
<th>Wall Type:</th>
<th>8&quot; Brick</th>
<th>8&quot; Concrete</th>
<th>8&quot; Brick &amp; Air space</th>
<th>8&quot; Concrete &amp; Brick</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12&quot; Brick</td>
<td>12&quot; Concrete</td>
<td>12&quot; Brick &amp; Air space</td>
<td>12&quot; Concrete &amp; Brick</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Wall Insulation:</th>
<th>Fiberglass batts</th>
<th>Cellulose fill</th>
<th>Polyurethane boards</th>
<th>Vermiculite fill</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Polystyrene boards</td>
<td>UF foam</td>
<td>Exterior sheet</td>
<td>Rockwool</td>
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</tbody>
</table>

**Wall Insulation Thickness:** __________ inches

<table>
<thead>
<tr>
<th>Wall Area (sqft):</th>
<th>North</th>
<th>East</th>
<th>South</th>
<th>West</th>
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</thead>
</table>

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**AUDITOR**

**Area of windows in wall (sqft):** ______

**Area of doors in wall (sqft):** ________

**Air Leakage Through Wall:** Tightly sealed | Small | Moderate | Large
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</table>
**Roof (Primary)**

<table>
<thead>
<tr>
<th>Roof type:</th>
<th>Flat</th>
<th>Finished Attic</th>
<th>Unfinished Attic</th>
<th>Pitched</th>
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</table>

<table>
<thead>
<tr>
<th>Insulation Type:</th>
<th>Fiberglass Batts</th>
<th>Cellulose Fill</th>
<th>Polyurethane boards</th>
<th>Vermiculite Fill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rockwool</td>
<td>UF Foam</td>
<td>None</td>
<td>Polystyrene Boards</td>
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<table>
<thead>
<tr>
<th>Insulatable Air Space (in):</th>
<th>____________</th>
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<table>
<thead>
<tr>
<th>Roof Area (sqft):</th>
<th># Roof Windows:</th>
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<tr>
<td></td>
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<table>
<thead>
<tr>
<th># Roof Doors:</th>
<th># of Penetrations:</th>
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<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Water Leakage Through Roof:</th>
<th>Tightly sealed</th>
<th>Small</th>
<th>Med</th>
<th>Large</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Roof Top Material:</th>
<th>Ashpalt Shingles or Sheeting</th>
<th>Metal Rubber</th>
<th>Tar &amp; gravel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spanish Tiles</td>
<td>Wood shingles</td>
<td>Slate</td>
<td></td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Roof Color:</th>
<th>Light</th>
<th>Med</th>
<th>Dark</th>
</tr>
</thead>
</table>

---

**Roof (Secondary)**

<table>
<thead>
<tr>
<th>Roof type:</th>
<th>Flat</th>
<th>Finished Attic</th>
<th>Unfinished Attic</th>
<th>Pitched</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Insulation Type:</th>
<th>Fiberglass Batts</th>
<th>Cellulose Fill</th>
<th>Polyurethane boards</th>
<th>Vermiculite Fill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rockwool</td>
<td>UF Foam</td>
<td>None</td>
<td>Polystyrene Boards</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Insulatable Air Space (in):</th>
<th>____________</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Roof Area (sqft):</th>
<th># Roof Windows:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th># Roof Doors:</th>
<th># of Penetrations:</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

Page 17
(please circle)
Basement

Basement name: Primary

Basement Type: Basement  Crawl Space  Slab On Grade  Platform

(please circle)

Basement Insulation Type: None  UF foam  Polyurethane boards  Vermiculite fill

Polystyrene boards  Fiberglass board  Fiberglass batts

Heated basement  Cellulose fill  Fiberglass loose

Floor Area: 

Basement Wall Insulation Type: Cellulose fill  Polyurethane boards  Vermiculite fill

Polystyrene boards  Fiberglass loose  Fiberglass batts

Fiberglass boards  UF foam  None

# of Windows:  

# of Doors:  

AUDITOR

Air leakage through basement: Small  Moderate  Large

# Floor Penetrations:  

# of Leaky Penetrations:  
R-value of window seal (f-sqft/Btuh), (Auditor):
General Information

Fuel

Oil Tank Info:
- Size in gallons ___________________
- Above Ground ___________________
- Under Ground ___________________

Heating System

Boiler:
- Manufacturer ___________________
- Model __________________
- Year built ___________________

Separate Hot Water

- Manufacturer ___________________
- Model ___________________
- Year built ___________________

Separate Storage Tank
- Yes
- No

If Yes....
- Storage Capacity: ______________
- Insulated: Yes  No

Domestic Hot Water Mixing Valve

- Model ______________
- Size in inches ______________

Roof

Condition of:

<table>
<thead>
<tr>
<th>Surface</th>
<th>Flashing</th>
<th>Parapet</th>
<th>Coping</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fair</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Building Address: ____________________________________________
Data Collected by ____________________________________________ Audit Date: ____________

Mechanical Fans: Yes No
If Yes,
Total number of fans operating _______________________
Total non-functional _______________________
Manufacturer ________________________________________
Model # ____________________________________________
# of fans of this type ________________________ # of fans of this type ________________________

DHW recirculating piping: Yes No
Recirculating Pump: Yes No Is it operating: Yes No
Pump Model ________________________
Horsepower ________________________

Distribution System
One pipe steam
Dry return ________________________
Wet return ________________________
All piping is buried underground __________
All return piping are above ground at floor level __________
Some return piping is buried underground and some is above ground ______
Combination of dry and wet return piping

Two pipe steam
Vacuum system Yes No
Pump set info ________________________
Tank Model ________________________
Pump model ________________________

Circulating Hot Water System ________________________
Forced Air ________________________
In-unit distribution system
<table>
<thead>
<tr>
<th>Radiator: Column</th>
<th>Combination</th>
<th>Convectors: Recessed</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tube</td>
<td></td>
<td></td>
<td></td>
<td></td>
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