North Carolina Weatherization Assistance Program
RESIDENTIAL ENERGY ASSESSMENT TOOL

Every single family dwelling receiving services provided by the North Carolina Weatherization Assistance Program (NCWAP) shall receive a comprehensive energy audit conducted by a qualified Energy Auditor(s). All applicable sections must be completed and appropriate comments recorded. The energy audit must be the basis for creating a site specific work order in accordance with NCWAP's *Weatherization Installation Standards* and *Program and Budget Guidance*. Consult the *Residential Energy Assessment Tool Instructions* for information on how to complete this form.

North Carolina Weatherization Assistance Program

Client Name:		
Street Address:		
Telephone Number:	**Job Number:**	**Auditor(s):**
Directions:		

Wind Shielding: Good Normal Exposed	**Perimeter** (ft):	**Audit Date:** _____/____/_____
Number of Conditioned Stories:	**Area** (ft^2)**:**	**Work Start Date:**____/____/_____
Ambient Temp: Initial_____**/Interim**_____	**Ceiling Height** (ft)**:**	**Work Complete Date:** ___/___/____
CFM50: Initial_____**/Interim**_____	**Volume** (ft^3)**:**	**Year Built:**
Dwelling: Site-Built Mobile Home	**Target:**	

Smoke Alarms	Present: Yes No	Location(s):	Test OK: Yes No	Required: Yes No
CO Alarms	Present: Yes No	Location(s):	Test OK: Yes No	Required: Yes No

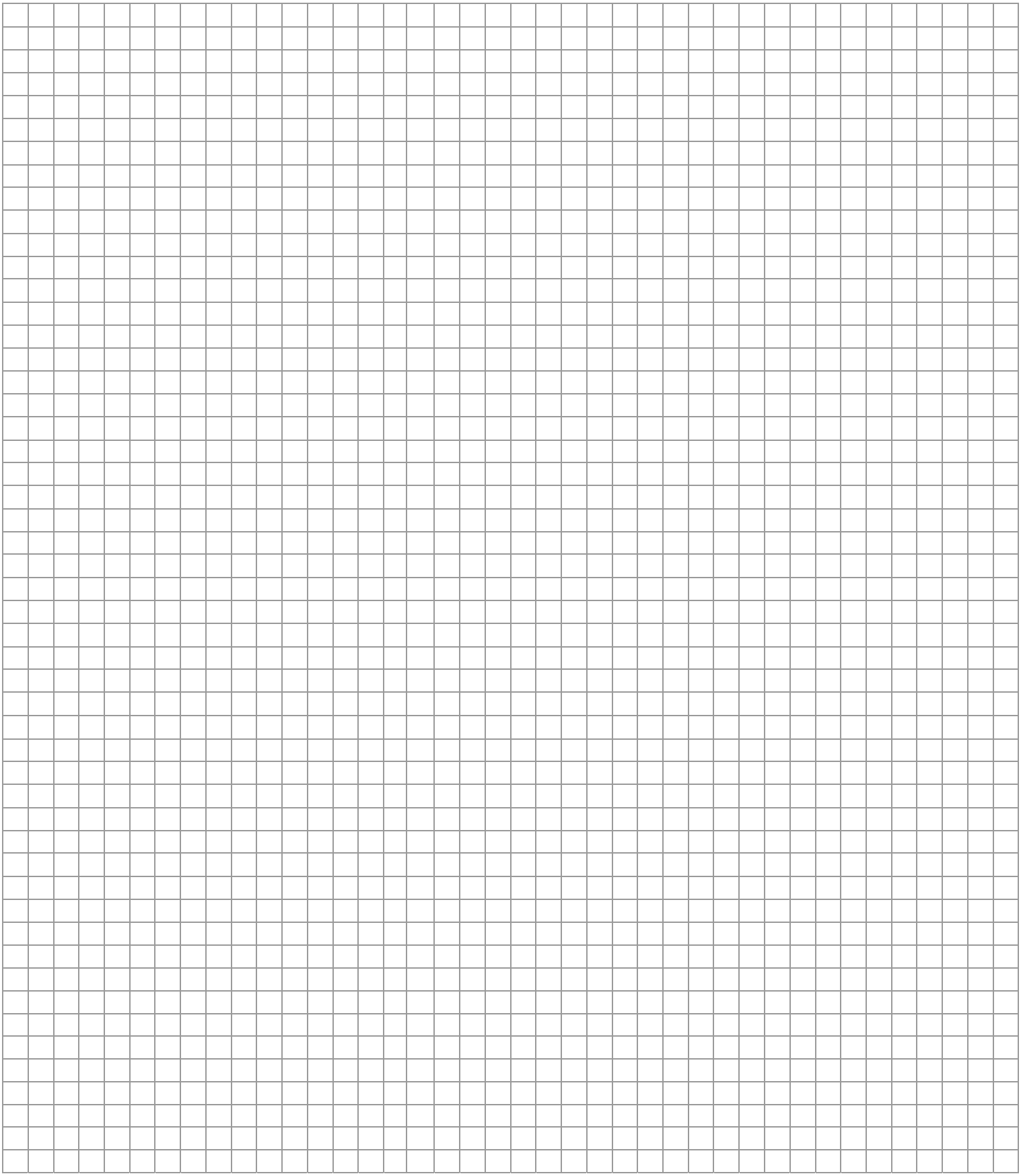
Appliances	**Fuel Type**	**Pass**	**Repair**	**Replace**	**Comments**
Water Heater	Electric NG LP Other:(Specify)				
Cook Stove	Electric NG LP Other:(Specify)				

Heating Systems	**Heating %**	**Fuel Type**	**Unit Type**	**Pass**	**Repair**	**Replace**	**Comments**
Primary System # 1		E K NG O P W	FA G B SH UN				
Primary System # 2		E K NG O P W	FA G B SH UN				
Primary System # 3		E K NG O P W	FA G B SH UN				
Supplemental System # 1		E K NG O P W	FA G B SH UN				
Supplemental System # 2		E K NG O P W	FA G B SH UN				
Supplemental System # 3		E K NG O P W	FA G B SH UN				

Number of Dwelling Occupants:	**Existing Health Condition:**	No	Yes: (Specify)

Required Incidental Repairs:	**No**	**Yes:** (If Yes, Weatherization Assistant Audit Required)	
1		**3**	
2		**4**	

DWELLING FOOTPRINT



WINDOWS

#	Location	*Window Type	*Frame Type	Orientation	Size (in)	*Glazing Type	Glass Panes		*Interior Shading	*Exterior Shading	Exterior Shading %	*Leakiness
							Broken (Y/N)	Size (in) to Replace				
1					W H			W H				
2					W H			W H				
3					W H			W H				
4					W H			W H				
5					W H			W H				
6					W H			W H				
7					W H			W H				
8					W H			W H				
9					W H			W H				
10					W H			W H				
11					W H			W H				
12					W H			W H				
13					W H			W H				
14					W H			W H				
15					W H			W H				
16					W H			W H				
17					W H			W H				
18					W H			W H				
19					W H			W H				
20					W H			W H				

* Window Type	
A = Awning	SGD = Sliding Glass Door
SL = Skylight	DW = Door Window
F = Fixed	
JA = Jalousie	
S = Slider	

*Glazing Type	
SP = Single Pane	DP = Double Pane
SWS = Single Wood Storm	DGS = Double w/Glass Storm
SM = Single Metal Storm	DPS = Double w/Plastic Storm
SGS = Single w/Glass Storm	DPLE = Double Pane Low E
SBS = Single Bad Storm	
SPS = Single w/Plastic Storm	

*Frame Type	*Interior Shading	*Exterior Shading	*Leakiness
IM = Improved Metal	BS = Blinds or Shades	A = Awning	VT = Very Tight
M = Metal	D = Drapes	CP = Carport/Porch	T = Tight
WV = Wood/Vinyl	DB = Drapes w/Blinds or Shades	LEF = Low E Film	M = Medium
	N = None	N = None	L = Loose
		SS = Sun Screen	VL = Very Loose

DOORS

#	Location	*Door Type	Orientation	Size (ft)	*Storm Door Condition	*Weather-stripping	*Door Sweep	Glass Panes	
								Broken (Y/N)	Size (in) to Replace
1	Front Door			W H					W H
2	Back Door			W H					W H
3				W H					W H
4				W H					W H
5				W H					W H
6				W H					W H

*Door Type		*Storm Door, W/S, D/S Condition
WHC = Wood Hollow Core WSC = Wood Solid Core SI = Steel Insulated	SSG = Single Sliding Glass DSG = Double Sliding Glass SMHD = Standard Manufactured Home Door	A = Adequate D = Deteriorated N = None

Comments:

LIGHTING

#	Location	Existing Wattage	Replacement CFL Wattage	Fixture Type	Hours/Day Used	New Lighting Cost/Bulb ($)
1				Standard Flood Other		$
2				Standard Flood Other		$
3				Standard Flood Other		$
4				Standard Flood Other		$
5				Standard Flood Other		$
6				Standard Flood Other		$
7				Standard Flood Other		$
8				Standard Flood Other		$
9				Standard Flood Other		$
10				Standard Flood Other		$

Comments:

Wattage Equivalency Table		
Incandescent Watts	CFL Watts	Lumens
25	5 - 7	232 - 400
40	9	480 - 600
60	13 - 18	890 - 1100
75	-	1220
100	26	1750 - 1800

REFRIGERATORS & FREEZERS			Refrigerator 1	Refrigerator/Freezer 2	Refrigerator/Freezer 3
1		**Year Manufactured**			
2		**Manufacturer**			
3		**Model Number**			
4		**Serial Number**			
5		**Type** (Side-by-Side, Top Freezer, Bottom Freezer)			
6		**Total Cubic Feet** (ft^3)			
7		**Icemaker**	Yes No	Yes No	Yes No
8		**Door Hinge**	Left Right	Left Right	Left Right
9		**Dimensions** (in)	W__ __ D_____H____	W_____D_____H_____	W _____D_____H_____
10		**Condition of Door Seal(s)** (Good, Fair, Poor)			
11		**Is Water Hookup Copper Tubing**	Yes No	Yes No	Yes No
12	Metering	**Kilowatt Hours** (kWh)			
13	Metering	**Duration** (minutes)			
14	Metering	**Peak Kilowatts**			
15	Metering	**Cost per kWh** ($)			
16	1	_____ **kWh metered ÷** _____ **min. metered × 60 =** _____ **kWh × 8766 × 1.08* =** _____ **kWh per Year**			
16	2	_____ **kWh metered ÷** _____ **min. metered × 60 =** _____ **kWh × 8766 × 1.08* =** _____ **kWh per Year**			
16	3	_____ **kWh metered ÷** _____ **min. metered × 60 =** _____ **kWh × 8766 × 1.08* =** _____ **kWh per Year**			
17		**What is the narrowest sized door opening that must be passed the refrigerator:** (in)	W H		

SAVINGS TO INVESTMENT RATIO (SIR) MUST BE COMPLETED ON AN APPROVED EVALUATION CALCULATOR

Comments:	**Metering**
	***Omit multiplying by 1.08 if metering for 24 hours.**

ELECTRICAL SERVICE PANEL					
Electrical Box	**Location**	**Manufacturer**	**Size Amp Rating**	**Type**	**Cover**
Main Panel			Amp	Circuit Breaker Fuses	Yes No
Sub-Panel			Amp	Circuit Breaker Fuses	Yes No
Knob and Tube Wiring Present: No Yes		Location(s): Attic Sidewalls Crawlspace Other: (Specify)_____			
Knob and Tube Wiring Active: No Yes		Aluminum Wiring Present: No		Yes: (If Yes, must be deferred)	
Comments:					

FUEL-FIRED COOKSTOVE INSPECTION									
1	**Fuel-Fired Stove Present**	Yes No	7	**Stove Burners**	**Initial ppm**		**Interim ppm**	
					CO	**AF**	**CO**	**AF**
2	**Fuel Leak Present**	Yes No		Oven				
3	**If so, Location of Leak**			Front Left				
4	**Type of Fuel**	NG LP		Front Right				
5	**Stove Manufacturer**			Rear Left				
6	**Flex Connector Type**	Copper Hard-Piped Epoxy-Coated Stainless Steel *Brass		Rear Right				
				***Must Replace Brass Connectors**				
Comments:								

EXHAUST VENTS		Operational			Vented to Outside		CFM
1	**Dryer Vent**	Yes	No	None	Yes	No	
2	**Kitchen Exhaust**	Yes	No	None	Yes	No	
3	**Bathroom 1 Exhaust**	Yes	No	None	Yes	No	
4	**Bathroom 2 / Other** (Specify)	Yes	No		Yes	No	
Comments:							

UNVENTED SPACE HEATERS											
#	**Location**	**Manufacturer**	**Model Number**	**Btu/ Hour**	**O_2 Depletion Sensor**(Y/N)	**CO** (ppm)	**Primary/ Supplemental**	**Fuel Shutoff**	**Fuel Leak**		***Compliant/ Noncompliant**
									No	**Yes: (Location)**	
1											
2											
3											
4											
Comments:									***If the unit is not compliant, action must be taken.**		

FUEL TANK	Location	*Stand	*Legs	*Cap Block	*Vent Cap	*Fill Cap	*2 Line Cap	*Gauge	*Fuel Line	*Cut Off Valve
Oil Tank										
LP Gas Tank										
If tank is located in conditioned space, is vent cap run to outdoors: Yes No					**Is fill cap run to outdoors:** Yes No					
Comments:					***Condition** **A = Adequate** **D = Deteriorated** **N = None**					

WATER HEATER INSPECTION

1	Pass	Fail (If Fail, Explain in Comments)	Repair or will Replace with:			
2	Location:				Type of Fuel: E NG P	
3	Manufacturer:		Model Number:		Serial Number:	
4	Rated Input:		Size (gals):		Measured Temperature (^{o}F):	
5	Existing Insulation Type: Fiberglass Polyurethane None				Existing Insulation R-Value:	
6	Can Water Heater be Insulated:	Yes No			Is Pressure Relief Piping Required:	Yes No
	Can First 5 Feet of Hot Water Line be Insulated:	Yes No			Is There Evidence of Flame Rollout:	Yes No
	Can First 5 Feet of Cold Water Line be Insulated:	Yes No			Is Pilot Safety Shutoff OK:	Yes No
7	Is Fuel Leak Present:	No	Yes: (Location of Leak)			
8	Is Fuel Natural Gas:	No	Yes: (Clock Meter) Dial___ft^3 ___sec = ____Btu		Within 10% of Rated Btu: Yes No	
9	**Main Vent/ Chimney**	Is Main Vent/Chimney OK:	Yes	No: Type Location Clearance Height Size Cap Liner Mortar Flashing Unused-Flue-Holes Thimble Other		
		Chimney Type:		Chimney Size (in): L W		Chimney Height (ft):
		Liner : Existing Required		Liner Type:	Liner Size (in): L W	Liner Height (ft):
10	**Vent Connector**	Is Vent Connector from Water Heater to Chimney OK:	Yes	No: Type Connections Corroded ¼-in.-Rise-per-ft Excessive-Elbows Clearance Other		
		Vent Connector Type:		Vent Connector Diameter (in):		Vent Connector Run (ft):
11	Is Added Combustion Air Required**:**	No	Yes (If less than 50 ft^3 per 1000 Btu)			Rated kBtu Input:
12	L _____ x W_____ x H _____=_____ft^3 / 50 = _____ kBtu Allowed					kBtu Allowed:
13	Rated kBtu Input Result minus kBtu Allowed Result (#11 - #12) = kBtu Required					kBtu Required:
14	* in^2 of NFA Combustion Air Required = kBtu Required____/___*kBtu = _____ x 2					in^2 Required:
15	NFA Vent Size Required (High) = W_____ x H _____= _____ x.75 = NFA in^2					Size High:
16	NFA Vent Size Required (Low) = W_____ x H _____= _____ x.75 = NFA in^2					Size Low:

	DIAGNOSTIC INSPECTION	INITIAL TEST			INTERIM TEST		
17	CAZ Worst Case WRT Outside	(Complete CAZ sheet, page 9, then recreate worst case)		Pa	(Complete CAZ sheet, page 9, then recreate worst case)		Pa
18	Draft (Worst Case)			Pa			Pa
19	CO Living Area			ppm			ppm
20	CO Flue Gases (CO<100 ppm) (CF<400 ppm)	CO	CF	ppm	CO	CF	ppm
21	Stack Temperature (each port)			TS ^{o}F			TS ^{o}F
22	Oxygen Percentage (each port)			O_2%			O_2%
23	Efficiency Percentage (each port)			EF%			EF%

Comments:

Combustion Air Guide

***All air from inside: 1 kBtu; minimum of 100 in^2 NFA each opening**

***All air from outside: 4 kBtu**

***All air from outside (horizontal): 2 kBtu**

COMBUSTION FUEL HEATING SYSTEM INSPECTION

1	Pass / Fail (If Fail, Explain in Comments)	Repair or will Replace with:			
2	Location:	Type of Fuel: NG P O W K	*Type of Unit: FA GF SB HWB VSH USH		
3	Manufacturer:	Model Number:	Serial Number:		
4	Rated Input (Btu/hour):	Rated Output (Btu/hour):	System: Primary or Supplemental		
5	Fuel Leak Present: No	Yes: (Location of Leak)			
6	Is Fuel Natural Gas: No	Yes: (Clock Meter) Dial____ ft^3 ____ sec = ____ Btu	Within 10% of Rated Btu: Yes No		
7	Is Clearance from Heating Unit to Combustibles OK:	Yes	No: Ceiling Walls Floors		
8	Automatic Vent Damper: Present Recommended	Oil Furnace Retention Head: Present Recommended			
9	Circuit Breaker/Fuse Size at Service Panel:	Circuit Breaker/Fuse Size at Disconnect:			
10	Thermostat Location:	Thermostat Anticipator Setting:			
	Mercury: Yes No	Smart Thermostat: Yes No	Temperature Day____ /Night____		
11	Is Heating Unit on Separate Circuit: Yes No	Visual Inspection of Safety Controls: Yes No			
	Is There an Electrical Disconnect: Yes No	Does Blower Require Cleaning: Yes No			
	Are There Any Burned Wires: Yes No	Is Blower Noisy: Yes No			
	Is Heat Exchanger OK: Yes No	Is This Unit Sealed Combustion: Yes No			
12	**Filter**	Filter Present: No	Yes: Location	Type:	Size (in): L W
		If Reusable, Cleaned & Replaced: Yes No		Clean Dirty	Quantity to Leave:
13	**Main Vent/ Chimney**	Is Main Vent/Chimney OK: Yes	No: Type Location Clearance Height Size Cap Liner Mortar Flashing Unused-Flue-Holes Thimble Other		
		Chimney Type:	Chimney Size (in): L W	Chimney Height (ft):	
		Liner: Existing Required	Liner Type:	Liner Size (in): L W	Liner Height (ft):
14	**Vent Connector**	Is Vent Connector from Heating System to Chimney OK:	Yes No:	Proper-Type-Pipe Connected-Properly Leaky-or-Corroded ¼-in.-Rise-per-ft Excessive-Elbows Clearance Other	
		Vent Connector Type:	Vent Connector Diameter (in):	Vent Connector Run (ft):	
15	Is Combustion Air Venting Required: No	Yes: (If less than 50 ft^3 per 1000 Btu)	Rated kBtu Input:		
16	L _____ x W_____ x H _____ = _____ ft^3 / 50 = _____ kBtu Allowed	kBtu Allowed:			
17	Rated kBtu Input Result minus kBtu Allowed Result (15 -16) = kBtu Required	kBtu Required:			
18	in^2 of NFA Combustion Air Required = Btu Required ____ / ____*kBtu = _____ x 2	in^2 Required:			
19	NFA Vent Size Required (High) = W_____ x H _____ = _____ x.75 = NFA in^2	Size High:			
20	NFA Vent Size Required (Low) = W_____ x H _____ = _____ x.75 = NFA in^2	Size Low:			

	DIAGNOSTIC INSPECTION	INITIAL TEST	INTERIM TEST
21	CAZ Worst Case (Complete page 9)	Pa	Pa
22	Draft (at Worst Case)	Pa	Pa
23	CO Living Area	ppm	ppm
24	Smoke Number (Oil Systems)		
25	Heat Rise (Supply – Return = Rise)	(^oF)	(^oF)
26	Draft Inducer & Pressure Switch:	Dr In OK: Yes No / Pr Sw OK: Yes No	Dr In OK: Yes No / Pr Sw OK: Yes No
27	CO Flue Gases (CO<100 ppm) (CF<400 ppm)	ppm	ppm
28	Stack Temperature (each port)		
29	Oxygen Percentage (each port)	O_2%	O_2%
30	Efficiency Percentage (each port)	EF%	EF%

Comments:

***Type of Unit**

HWB = Hot Water Boiler
VSH = Vented Space Heater
USH = Unvented Space Heater
FA = Forced Air
GF = Gravity Furnace
SB = Steam Boiler

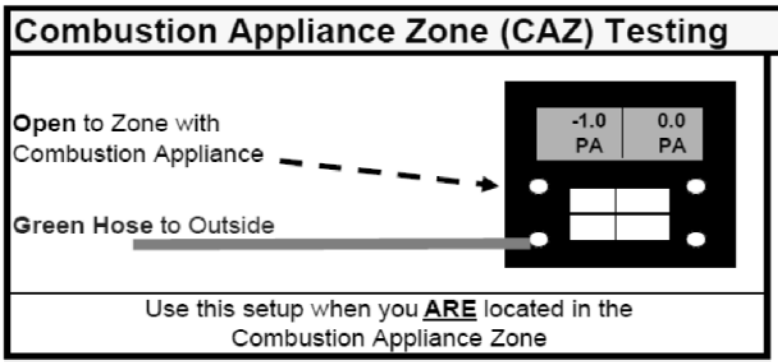
Combustion Air Guide

***All air from inside: 1 kBtu; minimum of 100 in^2 NFA each opening**

***All air from outside: 4 kBtu**

***All air from outside (horizontal): 2 kBtu**

Combustion Appliance Zone (CAZ) Testing



a. VISUALLY INSPECT VENTING (of each Combustion Appliance)
b. TURN OFF ALL COMBUSTION APPLIANCES.
c. CLOSE ALL OPERABLE VENTS AND DAMPERS
d. CHECK DRYER and LINT FILTER
e. CHECK FURNANCE FILTER (clean or replace if needed.)
f. OPEN ALL INTERIOR DOORS

NOTE: IF BLOWER DOOR IS SET UP, BE SURE FAN IS COVERED.

1. Setup Manometer and Pressure hoses to measure CAZ (WRT) Outdoors
2. Adjust for Baseline Pressure
3. Turn on all exhaust fans (do not turn on whole-house fans).
4. Close all interior doors to rooms that **do not** have exhaust fans.
5. If the house has a fireplace that the client uses, turn on the blower door to 300 CFM with Ring B to simulate.

	Appliance 1		Appliance 2		Appliance 3	
	Initial	Interim	Initial	Interim	Initial	Interim
6. Open door, if present between CAZ and Main Body of house. Record reading.						
7. Close door between CAZ and Main Body of house. Record reading. (If no door, skip to Step number 8)						
8. Turn on Furnace Blower. Check position of interior doors with smoke puffer for worst case. If the smoke blows towards the CAZ, leave the door shut.						
9. Open door between CAZ and Main Body of house. Record reading. (If no door, skip step.)						
10. Recreate Worst Case Conditions for each CAZ (Complete this and following steps on each Fuel Fired Heating Section.)						
11. Perform Worst Case Draft and Combustion Tests for each appliance under this worst case condition.						

*If Ambient CO gets above 35 ppm, discontinue testing and remove CAZ from worst case conditions.

*****There should be no spillage after 1 minute of Worst Case and draft should be established after 5 minutes.

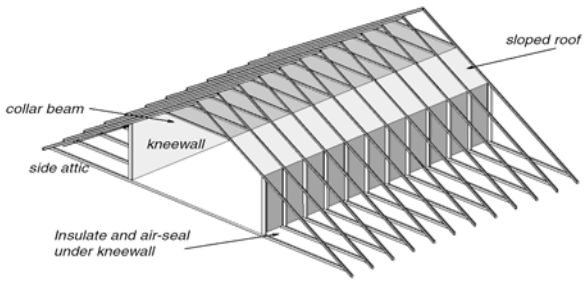
FIREPLACE			**N/A**
Fireplace Vented: Yes No N/A	**Location:**	**How Often Used Monthly:**	
Damper: Open Closed None	**Damper Operable:** Yes No	**Seal Off If Not Used:** Yes No	

WINDOW AIR CONDITIONERS						N/A
#	Location	Manufacturer	Btu	EER	Area Cooled (ft^2)	Permanent Seal Required (Y/N)
1						
2						
3						
Comments:						Cleaning required for all window units.

HEAT PUMP / CENTRAL AIR CONDITIONING				Area Cooled _____(ft^2)		N/A
Outdoor Unit Location	Manufacturer	Model Number	Serial Number	SEER	Disconnect Present (Y/N)	Suction Line Insulated (Y/N)
Indoor Unit Location	Manufacturer	Model Number	Serial Number	HSPF	Heat Pump kW	Btu Input
Thermostat	Location:			Mercury: Yes No	Temperature Day____/Night____	
Filter	Filter Present: No Yes: Location			Type:	Size: L W	
	If Reusable, Cleaned & Replaced: Yes No			Clean Dirty	Quantity to Leave:	
Blower	Requires Cleaning: Yes No			Noisy: Yes No	*Air Conditioner Filter Type	
Comments:	Heating = 400 CFM per 25,000 Btu output Cooling = 400 CFM per 12,000 Btu (1 ton)				DFF = Disposable Fiberglass Filter DPF = Disposable Pleated Filter CRF = Cleanable/Reusable Filter	

DUCTS / HEATING PIPES							N/A
Boots	Registers	Supply Duct	Return Duct	Supply Plenum	Return Plenum	Crossover	Duct Insulation
Duct Location:				Type Duct System: Trunk Spider Cottage-Base			
Replace Return Grill With Filter Grill: Yes No				Type Ductwork: Sheet-Metal Flex-Duct Ductboard			
Duct Space: Conditioned Unconditioned				Duct Insulation Location: Above Below Around None			
Comments:						✓ = Present/Good Condition X = Missing/Requires Repairs	

INDIVIDUAL ROOM PRESSURE *(Room WRT Outdoors)*											N/A
Room		Initial	Interim	Room		Initial	Interim	Room		Initial	Interim
1				5				9			
2				6				10			
3				7				11			
4				8				12			
Comments:									*No room shall exceed -/+ 3 Pa WRT Outdoors*		



	SITE BUILT HOME ATTIC		Attic 1	Attic 2	Attic 3	Finished Attic			N/A
						Collar Beam	Roof Rafter	Knee wall	Outer Ceiling Joists
1	*Attic Type								
2	**Dimensions** (ft)								
3	**Square Footage** (ft^2)								
4	**Joist Spacing** (in)								
5	**Kneewall Door Present**								
6	***Initial Insulation Type**								
7	***Initial Depth** (in) **& R-Value**								
8	***Interim Insulation Type**								
9	**Insulation Required** *(# of Bags)*								
10	***Interim Depth** (in) **& R-Value**								
11	Condition of Attic	Water Leak							
12		Recessed Light							
13		Chimney/Vent Shielding							
14		Condition of Wiring							
15		Access							
16	By-Passes	Open Exterior Wall Tops							
17		Open Interior Wall Tops							
18		Wire Chases							
19		Plumbing Chases							
20		HVAC Chases							
21		Stairwell Drop							
22		Closet Drop							
23		Soffit Drop							

*Initial/Interim Insulation Type	*Attic Type
BC = Blown Cellulose BF = Blown Fiberglass RW = Rockwool FGB = Fiberglass Batts O = Other N = None	F = Floored UF = Unfloored C = Cathedral FT = Flat

*Insulation R-Value & Depth			
Loose-Fill Cellulose, Fiberglass, Rock, & Slag	R-Value	Batt/Blanket Fiberglass, Rock, & Slag	R-Value
3.5 – 5 inches	11	3 inches	11
4 – 5.5 inches	13	4 inches	13
5 – 8 inches	19	5.5 inches	19
6 – 9.5 inches	22	6.5 inches	22
8.5 – 13 inches	30	8.5 inches	30
11 – 16.5 inches	38	11 inches	38

Comments

SIDEWALLS		Sidewall 1	Sidewall 2	Sidewall 3	Sidewall 4	Sidewall 5	Sidewall 6
1	**Location/Orientation** (North, South, East, West)						
2	**Initial Insulation**	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
3	***Initial Insulation Type**						
4	**Initial R-Value**						
5	**Added Insulation Type** (Blown Cellulose, Other, None)						
6	**Wiring Condition**						
7	**Are Walls Weak**	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
8	**Can Sidewalls be Blown**	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
9	**Interior Type** (Drywall, Paneling, Other)						
10	**Exposure** (Exposed, Buffered, Attic)						
11	***Exterior Type**						
12	***Wall Framing Type**						
13	**Width of Cavity** (24 in. 16 in. Other)						
14	**Depth of Cavity** (2x4 2x6 Other)						
15	**Exterior Wall Surface Area** (ft^2)						
16	**Less Windows/Doors Total** (ft^2)						
17	**Net ft^2 Wall Surface Area**						
18	**Total Number of Bags Required**						

*Initial Insulation Type		*Exterior Type	*Wall Framing Type
BC = Blown Cellulose	**BB = Batt/Blanket (in)**	**W = Wood**	**BF = Balloon Frame**
BFG = Blown Fiberglass	**LF = Loose Fill (in)**	**MV = Metal/Vinyl**	**PF = Platform Frame**
RW = Rockwool	**FC = Foam Core (in)**	**S = Stucco**	**MS = Masonry/Stone**
FGB = Fiberglass Batts	**O = Other**	**BS = Brick/Stone**	**CB = Concrete Block**
PB = Polystyrene Board	**N = None**	**O =Other**	**A = Adobe**
		N = None	**O = Other**

Comments:

BASEMENT / CRAWLSPACE		SECTION 1	SECTION 2
1	***Conditioned/Unconditioned Type**		
2	***Type of Foundation**		
3	**Type of Subfloor**	Plywood T&G Plank	Plywood T&G Plank
4	**Total Square Feet of Floor** (ft^2)		
5	**Joist Spacing** (in)	24 16 Other_____	24 16 Other_____
6	**Linear Feet of Perimeter** (ft)		
7	**Average Foundation Wall Height Above Grade** (ft)		
8	**Initial Vapor Barrier**	Yes No	Yes No
9	**Open Exterior Wall Bottoms**	Yes No	Yes No
10	**Open Interior Wall Bottoms**	Yes No	Yes No
11	**Chases**	Wire Plumbing HVAC None	Wire Plumbing HVAC None
12	**Initial Floor Insulation**	Yes No	Yes No
13	**Initial R-Value**	6 11 13 19	6 11 13 19
14	**Floor Insulation Required**	Yes No	Yes No
15	**R-Value Required**	11 19	11 19
16	**Sill Plate Require Sealing**	Yes No	Yes No
17	**Sill Plate Require Insulation**	Yes No _____ft	Yes No _____ft
18	**Initial Foundation Wall Insulation**	Yes No	Yes No
19	**Existing Wall Insulation R-Value**		
20	**Exposed Water Lines Wrapped**	Yes No _____ft	Yes No _____ft
21	**Wiring Condition**		
22	**Floor Joist Size**	2x6 2x8 2x10 2x12	2x6 2x8 2x10 2x12
23	**Crawlspace Door Compliant**	Yes No	Yes No

Comments:

***Foundation Type**	
Crawlspace	**Insulated Slab**
Basement	**Uninsulated Slab**
Pier/Exposed Floor	

***Conditioned/Unconditioned Type**
Conditioned
Unconditioned
Vented Unconditioned
Unintentionally Conditioned

MOBILE HOME CEILING INSULATION								N/A
1	**Cathedral** (ft^2)		7	**Roof Color**	White/Reflective/Shaded or Normal/Weathered	13	**Interim Insulation Type**	
2	**Flat** (ft^2)		8	**Type of Roof Covering**	Shingle Metal Other	14	**Interim Wx R-Value**	
3	**Total** (ft^2)		9	**Length of Gutter Required**		15	**Total Number of Bags Required**	
4	**Peak Height**		10	**Roof Blowing Access**	Side Top Gable	16	**Number of Peal and Seal Required**	
5	**Joist Size** (2x4 2x6 2x8)		11	**Initial Insulation Type**		17	**Plumbing Vent Caps** (# and Size)	
6	**Type of Roof Framing**	Bowstring Flat Pitched	12	**Initial R-Value**		18	**Roof Coating** (gals)	

Comments:

***Insulation R-Value & Depth**

Loose-Fill Fiberglass, Rock & Slag	R-Value	Batt/Blanket Fiberglass, Rock, & Slag	R-Value
3.5 – 5 inches	11	3 inches	11
4 – 5.5 inches	13	4 inches	13
5 – 8 inches	19	5.5 inches	19
6 – 9.5 inches	22	6.5 inches	22
8.5 – 13 inches	30	8.5 inches	30
11 – 16.5 inches	38	11 inches	38

MOBILE HOME SIDEWALLS		Sidewall 1	Sidewall 2	Sidewall 3	Sidewall 4
1	**Wall Stud Size** (2x2 2x3 2x4 2x6)				
2	**Long Wall Orientation** (North, South, East, West)				
3	**Wall Ventilation**	Yes No	Yes No	Yes No	Yes No
4	**Carport/Porch Roof** (ft)	L W	L W	L W	L W
5	**Initial Insulation** (Batt/Blanket, Loose Fill, Foam Core)	in	in	in	in

Comments:

MOBILE HOME BELLYBOARD		SECTION 1	SECTION 2
1	**Floor Area** (ft^2)		
2	**Direction of Joists**	Longways Crossways	Longways Crossways
3	**Depth of Joists**	2x4 2x6 2x8	2x4 2x6 2x8
4	**Plumbing Leaks**	Yes No	Yes No
5	**Wrap Exposed Water Lines**	Yes No, _____ft	Yes No, _____ft
6	**Initial Vapor Barrier**	Yes No	Yes No
7	**Belly Cavity Configuration**	Square Rounded Flat	
8	**Belly Condition**	Good Average Poor	Square Rounded Flat
9	**Belly Repair Required**	Yes No	Yes No
10	***Insulation Location**		Good Average Poor
11	**Initial Insulation Depth** (in)		
12	**Max. Depth of Belly Cavity** (in)		
13	**Total Number of Bags Required**		

Comments:

***Insulation Location**
Attached to Flooring
Between Joists
Attached Under Joists
Draped Below Joists
None

BLOWER DOOR DIAGNOSTICS					
	Location	**Configuration**	**Adjust For Baseline**	**Pa**	**CFM**
Initial		Open Ring A Ring B	Yes No		
Interim		Open Ring A Ring B	Yes No		
Comments:					

ZONAL PRESSURES					
Zone Tested	**Initial WRTH**	**Interim WRTH**	**Zone Tested**	**Initial WRTH**	**Interim WRTH**
Attic 1			**Basement**		
Attic 2			**Crawlspace**		
Cavity b/w 1st & 2nd Floor			**Bellyboard**		
Kneewall N S E W			**Other:**		
Kneewall N S E W			**Other:**		
Comments:					

PRESSURE PAN TEST (Duct WRT House)								*House WRT Duct Location _____/_____ Pa*			N/A
#	*Location*	*Initial*	*Interim*	*#*	*Location*	*Initial*	*Interim*	*#*	*Location*	*Initial*	Interim
1				*8*				*15*			
2				*9*				*16*			
3				*10*				*17*			
4				*11*				*18*			
5				*12*				*19*			
6				*13*				*1*	*Return*		
7				*14*				*2*	*Return*		

Comments:

Pressure Pan Multipliers		
45 = 1.1	*30 = 1.66*	*15 = 3.5*
40 = 1.25	*25 = 2.0*	*10 = 5.0*
35 = 1.42	*20 = 2.5*	*5 = 10.0*

AIR SEALING COST-EFFECTIVENESS CHART (to be filled out by Crew/Shell Subcontractor Only)							
Status	**CFM50 Reading**	**CFM50 Per Hour**	**Cost-Effective Factor Per Hour**	**=**	**Number of People in Sealing Crew**	**X**	**Cost-Effective CFM50 Per Crew Hour**
Interim Reading							
After Duct Sealing							
After Primary Air Sealing							
1st Discrete Sealing Hour				=		X	75 CFM
2nd Discrete Sealing Hour				=		X	75 CFM
3rd Discrete Sealing Hour				=		X	75 CFM
4th Discrete Sealing Hour				=		X	75 CFM
Comments:							