



Data Collection Form

Inspection Date: _____

Customer Information

Customer First Name: _____
 Customer Last Name: _____
 Customer Street Address: _____
 City/Town: _____
 State: _____
 Zip Code: _____
 Customer Phone Number: _____

Household Information

Single-Fam Detached Duplex/Townhouse End Townhouse Int Unit
 Apartment w/2-4 Units Apartment w/5+ Units Mobile Home

Number of Occupants: _____

Stories Above Grade: 1 1.5 2 2.5 3

House Faces: N NE E SE S SW W NW

Shielding on Home: Exposed Normal Well-Shielded

Primary Foundation: Basement Slab Crawl-Closed Crawl-Open

Household Systems & Appliances Information

Main Space Heating Fuel: Gas Electricity Oil Propane

Back up Elec. Heat? Yes No

Air Conditioning? Yes No

Main Water Heating Fuel: Gas Electricity Oil Propane

Cooking Fuel: Gas Electricity Propane

Cooking Frequency: >75% meals 50-75% meals 33-50% meals
 25%-33% meals ≤25% meals

Dryer Fuel: Gas Electricity Propane

Loads/Wk (Gas/Propane): _____

Consumption Data

Electricity

Price/kWh(\$): _____

Natural Gas

Units (circle one): Therms CCF
 Price/Unit (\$) _____

Monthly Consumption		
Month	Day	Consumption

Monthly Consumption		
Month	Day	Consumption

Contractor Information

Company Name: _____
 Inspector Name(s): _____

Weather Information

Temp Outside (F) During Assessment: _____

Utility Information

Electric Service Provider: _____
 Electric Utility Account Number: _____
 Fuel Service Provider: _____
 Fuel Service Account Number: _____

Pool Information

Pool Open Date: _____
 Pool Close Date: _____
 Pool Pump Hrs/Day: _____
 Pool Pump HrsPwr: _____

If Pool is Heated

Pool Htg Fuel: _____
 % Hrs Pool is Heated: _____
 Pool Heating Set Point (F): _____
 Pool Surf Area (ft²): _____
 % Pool Surface Shaded: _____
 Pool Heater Efficiency: _____
 Pool Notes: _____

Propane

Units (circle one): Gallons Pounds
 Price \$/Unit _____
 Annual Consumption: _____

Oil
 Price \$/Gallon: _____
 Annual Consumption: _____

House Dimensions

	1st Floor	2nd Floor	3rd Floor
Front of Home (feet)			
Side of Home (feet)			
Add'l Section 1: Length of Wall Parallel to Main Wall (ft)			
Add'l Section 1: Length of Walls Adjutting from House (ft)			
Add'l Section 2: Length of Wall Parallel to Main Wall (ft)			
Add'l Section 2 Length of Walls Adjutting from House (ft)			
Floor Height (ft)			
Total Conditioned Area per Floor (ft ²)			
Total Conditioned Area for Home (ft ²)			
Total Conditioned Space per Floor (volume)			
Total Conditioned Space per Home (volume)			
Address House Drainage Concerns	<input type="radio"/> Yes	<input type="radio"/> No	
Repair Exterior Siding, Facia, Trim, or Flashing	<input type="radio"/> Yes	<input type="radio"/> No	

Alternate entry for complicated geometries

	1st Floor	2nd Floor	3rd Floor
Conditioned Area (ft ²)			
Perimeter (ft)			
Floor Height (ft)			
Total Conditioned Space (ft ³)			

Sketch of House & Notes:

Windows and Glass Doors - Use Opt. 1 OR Opt. 2		Window Grp. #1	Window Grp. #2	Window Grp. #3	Window Grp. #4	Window Grp. #5
Option 1	Entry for grp. (ft ²) if Fields Below are Blank					
Option 2	Window grp. Avg. Height Inches					
	Window grp. Avg. Width Inches					
Window grp. # of Windows						
Existing Window Glass Type	Number of panes					
	Finish	<input type="radio"/> Clear <input type="radio"/> Tinted <input type="radio"/> Reflective	<input type="radio"/> Clear <input type="radio"/> Tinted <input type="radio"/> Reflective	<input type="radio"/> Clear <input type="radio"/> Tinted <input type="radio"/> Reflective	<input type="radio"/> Clear <input type="radio"/> Tinted <input type="radio"/> Reflective	<input type="radio"/> Clear <input type="radio"/> Tinted <input type="radio"/> Reflective
	Emissivity	<input type="radio"/> Standard <input type="radio"/> Low-E	<input type="radio"/> Standard <input type="radio"/> Low-E	<input type="radio"/> Standard <input type="radio"/> Low-E	<input type="radio"/> Standard <input type="radio"/> Low-E	<input type="radio"/> Standard <input type="radio"/> Low-E
Existing Storm Windows?		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Percent of Window Group Facing the Sun (South)						
Description of Window Group (if improvements made)						
Proposed Replacement U-Value/ Add Storm Window		<input type="radio"/> + Storms	<input type="radio"/> + Storms	<input type="radio"/> + Storms	<input type="radio"/> + Storms	<input type="radio"/> + Storms
Additional Proposed U-Value Action						
Recommended Replacement SHGC						
Additional Proposed Window SHGC Action		<input type="radio"/> + Tint <input type="radio"/> + Screens	<input type="radio"/> + Tint <input type="radio"/> + Screens	<input type="radio"/> + Tint <input type="radio"/> + Screens	<input type="radio"/> + Tint <input type="radio"/> + Screens	<input type="radio"/> + Tint <input type="radio"/> + Screens

Windows Notes: _____

Doors	Door Type # 1	Door Type # 2	Door Type # 3	Door Type # 4	Door Type #5
Number of Exterior Doors					
Exterior Door Characteristics	<input type="radio"/> Insulated <input type="radio"/> Wood Pan. <input type="radio"/> Solid Core Wood	<input type="radio"/> Insulated <input type="radio"/> Wood Pan. <input type="radio"/> Solid Core Wood	<input type="radio"/> Insulated <input type="radio"/> Wood Pan. <input type="radio"/> Solid Core Wood	<input type="radio"/> Insulated <input type="radio"/> Wood Pan. <input type="radio"/> Solid Core Wood	<input type="radio"/> Insulated <input type="radio"/> Wood Pan. <input type="radio"/> Solid Core Wood
Existing Storm Door	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Description of Door(s) (for Report)					
Proposed Door Action	<input type="radio"/> Insulated Door <input type="radio"/> Storm Door	<input type="radio"/> Insulated Door <input type="radio"/> Storm Door	<input type="radio"/> Insulated Door <input type="radio"/> Storm Door	<input type="radio"/> Insulated Door <input type="radio"/> Storm Door	<input type="radio"/> Insulated Door <input type="radio"/> Storm Door

Doors Notes: _____

Exterior Walls	Section 1	Section 2	Section 3	Section 4	Section 5	
Wall Section Percent of Total Wall Area						
Wall Cavity Depth, Nominal Inches						
Existing Wall Insulation Condition	<input type="radio"/> None <input type="radio"/> Poor <input type="radio"/> Moderate <input type="radio"/> Good	<input type="radio"/> None <input type="radio"/> Poor <input type="radio"/> Moderate <input type="radio"/> Good	<input type="radio"/> None <input type="radio"/> Poor <input type="radio"/> Moderate <input type="radio"/> Good	<input type="radio"/> None <input type="radio"/> Poor <input type="radio"/> Moderate <input type="radio"/> Good	<input type="radio"/> None <input type="radio"/> Poor <input type="radio"/> Moderate <input type="radio"/> Good	
Description of Wall Section (for Report)						
Proposed Wall Insulation	Fiberglass	<input type="radio"/> Std. <input type="radio"/> Hi-Density <input type="radio"/> Packed <input type="radio"/> Wet spray	<input type="radio"/> Std. <input type="radio"/> Hi-Density <input type="radio"/> Packed <input type="radio"/> Wet spray	<input type="radio"/> Std. <input type="radio"/> Hi-Density <input type="radio"/> Packed <input type="radio"/> Wet spray	<input type="radio"/> Std. <input type="radio"/> Hi-Density <input type="radio"/> Packed <input type="radio"/> Wet spray	<input type="radio"/> Std. <input type="radio"/> Hi-Density <input type="radio"/> Packed <input type="radio"/> Wet spray
	Cellulose	<input type="radio"/> Packed <input type="radio"/> Wet spray	<input type="radio"/> Packed <input type="radio"/> Wet spray	<input type="radio"/> Packed <input type="radio"/> Wet spray	<input type="radio"/> Packed <input type="radio"/> Wet spray	<input type="radio"/> Packed <input type="radio"/> Wet spray
	Foam	<input type="radio"/> Hi-Density <input type="radio"/> Lo-Density	<input type="radio"/> Hi-Density <input type="radio"/> Lo-Density	<input type="radio"/> Hi-Density <input type="radio"/> Lo-Density	<input type="radio"/> Hi-Density <input type="radio"/> Lo-Density	<input type="radio"/> Hi-Density <input type="radio"/> Lo-Density

Walls Notes: _____

Cantilevers, Clgs Over Garages & Open Crawls		Section 1	Section 2	Section 3	Section 4	Section 5
Area Type		<input type="checkbox"/> Cantilever <input type="checkbox"/> Clg over Bsmt Gar <input type="checkbox"/> Clg over 1st Fl Gar <input type="checkbox"/> Floor over Open Crawl	<input type="checkbox"/> Cantilever <input type="checkbox"/> Clg over Bsmt Gar <input type="checkbox"/> Clg over 1st Fl Gar <input type="checkbox"/> Floor over Open Crawl	<input type="checkbox"/> Cantilever <input type="checkbox"/> Clg over Bsmt Gar <input type="checkbox"/> Clg over 1st Fl Gar <input type="checkbox"/> Floor over Open Crawl	<input type="checkbox"/> Cantilever <input type="checkbox"/> Clg over Bsmt Gar <input type="checkbox"/> Clg over 1st Fl Gar <input type="checkbox"/> Floor over Open Crawl	<input type="checkbox"/> Cantilever <input type="checkbox"/> Clg over Bsmt Gar <input type="checkbox"/> Clg over 1st Fl Gar <input type="checkbox"/> Floor over Open Crawl
Length (ft)						
Width (ft)						
Existing Insulation Depth						
Existing Insulation Condition		<input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Good	<input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Good	<input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Good	<input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Good	<input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Good
Description of area (for Report)						
Proposed Cavity Insulation Material	Fiberglass	<input type="checkbox"/> Std. <input type="checkbox"/> Hi-Density <input type="checkbox"/> Packed <input type="checkbox"/> Wet spray	<input type="checkbox"/> Std. <input type="checkbox"/> Hi-Density <input type="checkbox"/> Packed <input type="checkbox"/> Wet spray	<input type="checkbox"/> Std. <input type="checkbox"/> Hi-Density <input type="checkbox"/> Packed <input type="checkbox"/> Wet spray	<input type="checkbox"/> Std. <input type="checkbox"/> Hi-Density <input type="checkbox"/> Packed <input type="checkbox"/> Wet spray	<input type="checkbox"/> Std. <input type="checkbox"/> Hi-Density <input type="checkbox"/> Packed <input type="checkbox"/> Wet spray
	Cellulose	<input type="checkbox"/> Packed <input type="checkbox"/> Wet spray	<input type="checkbox"/> Packed <input type="checkbox"/> Wet spray	<input type="checkbox"/> Packed <input type="checkbox"/> Wet spray	<input type="checkbox"/> Packed <input type="checkbox"/> Wet spray	<input type="checkbox"/> Packed <input type="checkbox"/> Wet spray
	Foam	<input type="checkbox"/> Hi-Density <input type="checkbox"/> Lo-Density	<input type="checkbox"/> Hi-Density <input type="checkbox"/> Lo-Density	<input type="checkbox"/> Hi-Density <input type="checkbox"/> Lo-Density	<input type="checkbox"/> Hi-Density <input type="checkbox"/> Lo-Density	<input type="checkbox"/> Hi-Density <input type="checkbox"/> Lo-Density
Proposed Cavity Insulation Depth (To Be Installed)						
Add Continuous Rigid Foamboard?	XPS	<input type="checkbox"/> 1" <input type="checkbox"/> 2"	<input type="checkbox"/> 1" <input type="checkbox"/> 2"	<input type="checkbox"/> 1" <input type="checkbox"/> 2"	<input type="checkbox"/> 1" <input type="checkbox"/> 2"	<input type="checkbox"/> 1" <input type="checkbox"/> 2"
	Polyiso	<input type="checkbox"/> 1" <input type="checkbox"/> 2"	<input type="checkbox"/> 1" <input type="checkbox"/> 2"	<input type="checkbox"/> 1" <input type="checkbox"/> 2"	<input type="checkbox"/> 1" <input type="checkbox"/> 2"	<input type="checkbox"/> 1" <input type="checkbox"/> 2"
	MEPS	<input type="checkbox"/> 1" <input type="checkbox"/> 2"	<input type="checkbox"/> 1" <input type="checkbox"/> 2"	<input type="checkbox"/> 1" <input type="checkbox"/> 2"	<input type="checkbox"/> 1" <input type="checkbox"/> 2"	<input type="checkbox"/> 1" <input type="checkbox"/> 2"
	Polyurethane	<input type="checkbox"/> 1" <input type="checkbox"/> 2"	<input type="checkbox"/> 1" <input type="checkbox"/> 2"	<input type="checkbox"/> 1" <input type="checkbox"/> 2"	<input type="checkbox"/> 1" <input type="checkbox"/> 2"	<input type="checkbox"/> 1" <input type="checkbox"/> 2"

Cantilever Notes: _____

Attic Insulation		Area 1	Area 2	Area 3	Area 4	Area 5
Flats	Attic Area Length (ft)					
	Attic Area Width (ft)					
Slopes	Attic Area (ft ²)					
	Slope <i>(Use HEA Asst. spreadsheet to find Length, Width)</i>					
Existing Insulation Type						
Existing Insulation Level, (Inches- Round up for Batts)						
Existing Condition		<input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Good	<input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Good	<input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Good	<input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Good	<input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Good
Attic Group Description (for Report)						
Proposed Insulation Material						
Proposed Insulation Depth (inches to be installed)						
Seal/Insulate Recessed Lights (Enter#)						
Seal/Insulate Attic Access Hatches (Enter#)						
Treat Major Attic Bypasses		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Install New Exhaust Fans & Vent Properly (Enter#)						
Insulate & Vent Existing Exhaust Fans (Enter#)						
Install Attic Ventilation (vents, baffles)		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Attic Notes: _____

Kneewall and Vertical Attic Walls		Area 1	Area 2	Area 3	Area 4	Area 5
Kneewall/Vertical Attic Wall, Width (ft)						
Kneewall/Vertical Attic Wall, Height (ft)						
Kneewall/Vertical Attic Wall Area (ft ²)						
Existing Insulation Depth						
Existing Condition		<input type="radio"/> None <input type="radio"/> Poor <input type="radio"/> Moderate <input type="radio"/> Good	<input type="radio"/> None <input type="radio"/> Poor <input type="radio"/> Moderate <input type="radio"/> Good	<input type="radio"/> None <input type="radio"/> Poor <input type="radio"/> Moderate <input type="radio"/> Good	<input type="radio"/> None <input type="radio"/> Poor <input type="radio"/> Moderate <input type="radio"/> Good	<input type="radio"/> None <input type="radio"/> Poor <input type="radio"/> Moderate <input type="radio"/> Good
Kneewall/Vert Wall Section Description (for Report)						
Proposed Insulation Material						
Proposed Insulation Depth (inches to be installed)						
Add Continuous Rigid Foamboard		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Add Continuous Rigid Foamboard?	XPS	<input type="radio"/> 1" <input type="radio"/> 2"	<input type="radio"/> 1" <input type="radio"/> 2"	<input type="radio"/> 1" <input type="radio"/> 2"	<input type="radio"/> 1" <input type="radio"/> 2"	<input type="radio"/> 1" <input type="radio"/> 2"
	Polyiso	<input type="radio"/> 1" <input type="radio"/> 2"	<input type="radio"/> 1" <input type="radio"/> 2"	<input type="radio"/> 1" <input type="radio"/> 2"	<input type="radio"/> 1" <input type="radio"/> 2"	<input type="radio"/> 1" <input type="radio"/> 2"
	MEPS	<input type="radio"/> 1" <input type="radio"/> 2"	<input type="radio"/> 1" <input type="radio"/> 2"	<input type="radio"/> 1" <input type="radio"/> 2"	<input type="radio"/> 1" <input type="radio"/> 2"	<input type="radio"/> 1" <input type="radio"/> 2"
	Polyurethane	<input type="radio"/> 1" <input type="radio"/> 2"	<input type="radio"/> 1" <input type="radio"/> 2"	<input type="radio"/> 1" <input type="radio"/> 2"	<input type="radio"/> 1" <input type="radio"/> 2"	<input type="radio"/> 1" <input type="radio"/> 2"

Kneewall Notes: _____

Basement and Enclosed Crawlspace		Section 1	Section 2	Section 3	Section 4	Section 5
Basement /Crawlspace Characteristics		<input type="radio"/> Conditioned <input type="radio"/> Slab <input type="radio"/> Unconditioned	<input type="radio"/> Conditioned <input type="radio"/> Slab <input type="radio"/> Unconditioned	<input type="radio"/> Conditioned <input type="radio"/> Slab <input type="radio"/> Unconditioned	<input type="radio"/> Conditioned <input type="radio"/> Slab <input type="radio"/> Unconditioned	<input type="radio"/> Conditioned <input type="radio"/> Slab <input type="radio"/> Unconditioned
Basement/Crawlspace Area as % of 1st Floor						
Basement/Crawlspace Ceiling Height (ft)						
Existing Insulation Depth						
Existing Insulation Condition		<input type="radio"/> None <input type="radio"/> Poor <input type="radio"/> Moderate <input type="radio"/> Good	<input type="radio"/> None <input type="radio"/> Poor <input type="radio"/> Moderate <input type="radio"/> Good	<input type="radio"/> None <input type="radio"/> Poor <input type="radio"/> Moderate <input type="radio"/> Good	<input type="radio"/> None <input type="radio"/> Poor <input type="radio"/> Moderate <input type="radio"/> Good	<input type="radio"/> None <input type="radio"/> Poor <input type="radio"/> Moderate <input type="radio"/> Good
Basement/Crawlspace Section Description (for Report)						
Proposed Insulation Material						
Proposed Insulation Depth (inches to be installed)						
Waterproof/Vapor Barrier Basement/Crawl Walls/Floor		<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Basement and Enclosed Crawlspace Notes: _____

Rim Joist & Band Joist		Section 1	Section 2	Section 3	Section 4	Section 5
Rim Joist or Band Joist Length (linear feet)						
Existing Insulation Depth						
Existing Insulation Condition		<input type="radio"/> None <input type="radio"/> Poor <input type="radio"/> Moderate <input type="radio"/> Good	<input type="radio"/> None <input type="radio"/> Poor <input type="radio"/> Moderate <input type="radio"/> Good	<input type="radio"/> None <input type="radio"/> Poor <input type="radio"/> Moderate <input type="radio"/> Good	<input type="radio"/> None <input type="radio"/> Poor <input type="radio"/> Moderate <input type="radio"/> Good	<input type="radio"/> None <input type="radio"/> Poor <input type="radio"/> Moderate <input type="radio"/> Good
Rim Joist & Band Joist Description (for Report)						
Proposed Insulation Material						
Proposed Insulation Depth (inches to be installed)						

Rim Joist Notes: _____

Lighting	Existing Watts	Hours/Day	New Watts	Quantity
Replacement CFL's Group 1				
Replacement CFL's Group 2				
Replacement CFL's Group 3				

Lighting Notes: _____

Appliances	Vintage (Yr)	Existing Characteristics	Replace w/ ENERGY STAR
Clothes Washer		<input type="radio"/> Standard <input type="radio"/> Compact <input type="radio"/> No dryer <input type="radio"/> '05 dryer <input type="radio"/> '00 dryer <input type="radio"/> '95 dryer <input type="radio"/> '90 dryer	<input type="radio"/> Yes <input type="radio"/> No
Dehumidifier		<input type="radio"/> Standard <input type="radio"/> High Capacity	<input type="radio"/> Yes <input type="radio"/> No
Dishwasher		<input type="radio"/> Standard <input type="radio"/> Compact	<input type="radio"/> Yes <input type="radio"/> No
Refrigerator 1		<input type="radio"/> <18ft3 <input type="radio"/> 18-21ft3 <input type="radio"/> 22+ft3 <input type="radio"/> No Freezer	<input type="radio"/> Yes <input type="radio"/> No
Refrigerator 2		<input type="radio"/> <18ft3 <input type="radio"/> 18-21ft3 <input type="radio"/> 22+ft3 <input type="radio"/> No Freezer	<input type="radio"/> Yes <input type="radio"/> No
Freezer		<input type="radio"/> Chest <input type="radio"/> Upright	<input type="radio"/> Yes <input type="radio"/> No

Appliance Notes: _____

Oven Carbon Monoxide Testing	Oven 1	Oven 2
Oven Fuel Type	<input type="radio"/> Gas <input type="radio"/> Electric <input type="radio"/> Propane	<input type="radio"/> Gas <input type="radio"/> Electric <input type="radio"/> Propane
CO Level from Oven(s)		
Oven Description (for Report)		
Proposed Action on Oven(s)	<input type="radio"/> Clean & Tune <input type="radio"/> Install CO Detector <input type="radio"/> Both	<input type="radio"/> Clean & Tune <input type="radio"/> Install CO Detector <input type="radio"/> Both

Ambient Carbon Monoxide Testing	Area 1	Area 2
Ambient CO in Living Space		
Area Description (for Report)		
Proposed Action(s) to Address CO:	<input type="radio"/> Install CO detector <input type="radio"/> Mitigate CO <input type="radio"/> Both	<input type="radio"/> Install CO detector <input type="radio"/> Mitigate CO <input type="radio"/> Both

Carbon Monoxide Notes: _____

Combustion Appliance Zone Testing	CAZ 1	CAZ 2	CAZ 3	CAZ 4
<i>Check Venting Configuration for each CAZ</i>				
Isolated Zone	Limit: N/A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orphan DHW	Limit: -2 Pa	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural Draft Furnace/Boiler + DHW	Limit: -3 Pa	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural Draft Furnace/Boiler + DHW w/ Damper	Limit: -5 Pa	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural Draft Furnace/Boiler	Limit: -5 Pa	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mech Assist Furnace/Boiler + DHW	Limit: -5 Pa	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mech Assist Furnace/Boiler or DHW Alone	Limit: -15 Pa	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chimney-Top Fan; Hi-Static Press. Flame Retention Head Boiler; Sealed Comb.	Limit: -50 Pa	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Worst Case Depressurization Swing (Pa)				
Worst Case Depressurization Pass/Fail	<input type="radio"/> Pass <input type="radio"/> Fail	<input type="radio"/> Pass <input type="radio"/> Fail	<input type="radio"/> Pass <input type="radio"/> Fail	<input type="radio"/> Pass <input type="radio"/> Fail
Ambient CO in CAZ Zone (ppm)				
Ambient CAZ CO Test Pass/Fail	<input type="radio"/> Pass <input type="radio"/> Fail	<input type="radio"/> Pass <input type="radio"/> Fail	<input type="radio"/> Pass <input type="radio"/> Fail	<input type="radio"/> Pass <input type="radio"/> Fail
CAZ Zone Description (for Report)				
Provide Make-Up Air to CAZ?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Number of Gas Leaks Found				
Fix Gas Leaks?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

CAZ Notes: _____

Domestic Hot Water	System 1	System 2	System 3	System 4
DHW System Fuel				
Venting Configuration	<input type="radio"/> Electric, indirect tank, tankless coil	<input type="radio"/> Electric, indirect tank, tankless coil	<input type="radio"/> Electric, indirect tank, tankless coil	<input type="radio"/> Electric, indirect tank, tankless coil
	<input type="radio"/> Isolated Zone	<input type="radio"/> Isolated Zone	<input type="radio"/> Isolated Zone	<input type="radio"/> Isolated Zone
	<input type="radio"/> Natural Draft	<input type="radio"/> Natural Draft	<input type="radio"/> Natural Draft	<input type="radio"/> Natural Draft
	<input type="radio"/> Natural Draft - Commonly Vented	<input type="radio"/> Natural Draft - Commonly Vented	<input type="radio"/> Natural Draft - Commonly Vented	<input type="radio"/> Natural Draft - Commonly Vented
	<input type="radio"/> Mechanically Assisted	<input type="radio"/> Mechanically Assisted	<input type="radio"/> Mechanically Assisted	<input type="radio"/> Mechanically Assisted
	<input type="radio"/> B-Vent	<input type="radio"/> B-Vent	<input type="radio"/> B-Vent	<input type="radio"/> B-Vent
	<input type="radio"/> Direct-/Power-Vented	<input type="radio"/> Direct-/Power-Vented	<input type="radio"/> Direct-/Power-Vented	<input type="radio"/> Direct-/Power-Vented
% Load served by System				
DHW System Efficiency				
DHW System Setpoint (°F)				
Worst-Case Combustion Testing	System 1	System 2	System 3	System 4
Worst-Case Spillage	<input type="radio"/> Pass <input type="radio"/> Fail	<input type="radio"/> Pass <input type="radio"/> Fail	<input type="radio"/> Pass <input type="radio"/> Fail	<input type="radio"/> Pass <input type="radio"/> Fail
Worst-Case Draft (Pa)				
Worst-Case Draft Test Result	<input type="radio"/> Pass <input type="radio"/> Fail	<input type="radio"/> Pass <input type="radio"/> Fail	<input type="radio"/> Pass <input type="radio"/> Fail	<input type="radio"/> Pass <input type="radio"/> Fail
Worst-Case CO (ppm)				
Worst-Case CO Test Result	<input type="radio"/> Pass <input type="radio"/> Fail <input type="radio"/> Rec. Service	<input type="radio"/> Pass <input type="radio"/> Fail <input type="radio"/> Rec. Service	<input type="radio"/> Pass <input type="radio"/> Fail <input type="radio"/> Rec. Service	<input type="radio"/> Pass <input type="radio"/> Fail <input type="radio"/> Rec. Service
Worst-Case Testing w/ Htg Sys on	System 1	System 2	System 3	System 4
Worst-Case w/ Htg Sys Spillage	<input type="radio"/> Pass <input type="radio"/> Fail	<input type="radio"/> Pass <input type="radio"/> Fail	<input type="radio"/> Pass <input type="radio"/> Fail	<input type="radio"/> Pass <input type="radio"/> Fail
Worst-Case w/ Htg Sys Draft				
Worst-Case w/ Htg Draft Result	<input type="radio"/> Pass <input type="radio"/> Fail	<input type="radio"/> Pass <input type="radio"/> Fail	<input type="radio"/> Pass <input type="radio"/> Fail	<input type="radio"/> Pass <input type="radio"/> Fail
Natural Combustion Testing (if needed)	System 1	System 2	System 3	System 4
Natural Spillage	<input type="radio"/> Pass <input type="radio"/> Fail	<input type="radio"/> Pass <input type="radio"/> Fail	<input type="radio"/> Pass <input type="radio"/> Fail	<input type="radio"/> Pass <input type="radio"/> Fail
Natural Draft (Pa)				
Natural Draft Result	<input type="radio"/> Pass <input type="radio"/> Fail	<input type="radio"/> Pass <input type="radio"/> Fail	<input type="radio"/> Pass <input type="radio"/> Fail	<input type="radio"/> Pass <input type="radio"/> Fail
Natural CO Emissions (ppm)				
Natural CO Test Result	<input type="radio"/> Pass <input type="radio"/> Fail <input type="radio"/> Rec. Service	<input type="radio"/> Pass <input type="radio"/> Fail <input type="radio"/> Rec. Service	<input type="radio"/> Pass <input type="radio"/> Fail <input type="radio"/> Rec. Service	<input type="radio"/> Pass <input type="radio"/> Fail <input type="radio"/> Rec. Service
Natural Testing w/ Htg Sys on (if needed)	System 1	System 2	System 3	System 4
Natural w/ Htg Sys Spillage	<input type="radio"/> Pass <input type="radio"/> Fail	<input type="radio"/> Pass <input type="radio"/> Fail	<input type="radio"/> Pass <input type="radio"/> Fail	<input type="radio"/> Pass <input type="radio"/> Fail
Natural w/ Htg Sys Draft (Pa)				
Natural w/ Htg Sys Draft Result	<input type="radio"/> Pass <input type="radio"/> Fail	<input type="radio"/> Pass <input type="radio"/> Fail	<input type="radio"/> Pass <input type="radio"/> Fail	<input type="radio"/> Pass <input type="radio"/> Fail
Sys Description (for Report)				
DWH Proposed Actions	<input type="radio"/> Tune-up <input type="radio"/> System/Vent Repair <input type="radio"/> System Replacement	<input type="radio"/> Tune-up <input type="radio"/> System/Vent Repair <input type="radio"/> System Replacement	<input type="radio"/> Tune-up <input type="radio"/> System/Vent Repair <input type="radio"/> System Replacement	<input type="radio"/> Tune-up <input type="radio"/> System/Vent Repair <input type="radio"/> System Replacement
Proposed System(s) to Replace (Check all that apply)	<input type="radio"/> Sys 1 <input type="radio"/> Sys 2 <input type="radio"/> Sys 3 <input type="radio"/> Sys 4	<input type="radio"/> Sys 1 <input type="radio"/> Sys 2 <input type="radio"/> Sys 3 <input type="radio"/> Sys 4	<input type="radio"/> Sys 1 <input type="radio"/> Sys 2 <input type="radio"/> Sys 3 <input type="radio"/> Sys 4	<input type="radio"/> Sys 1 <input type="radio"/> Sys 2 <input type="radio"/> Sys 3 <input type="radio"/> Sys 4
New System Fuel Type				
New System Energy Factor				
New Sys Manufacturer/Brand				
New Sys Model Number				
Wrap Water Heater Tank	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Install Heat Trap	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Insulate DHW Pipes	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

DHW Notes: _____

Water Conservation Measures

Low Flow Showerheads	Replace _____ of _____ showerheads in the home.
Low Flow Faucet Aerators	Replace _____ of _____ faucet aerators in th home.

Water Conservation Notes: _____

Heating Systems	System 1	System 2	System 3	System 4
System Fuel Type				
System Venting Configuration	<input type="radio"/> Electric	<input type="radio"/> Electric	<input type="radio"/> Electric	<input type="radio"/> Electric
	<input type="radio"/> Isolated Zone	<input type="radio"/> Isolated Zone	<input type="radio"/> Isolated Zone	<input type="radio"/> Isolated Zone
	<input type="radio"/> Natural Draft	<input type="radio"/> Natural Draft	<input type="radio"/> Natural Draft	<input type="radio"/> Natural Draft
	<input type="radio"/> Natural Draft - Commonly Vented	<input type="radio"/> Natural Draft - Commonly Vented	<input type="radio"/> Natural Draft - Commonly Vented	<input type="radio"/> Natural Draft - Commonly Vented
	<input type="radio"/> Fan Assisted/Induced Draft	<input type="radio"/> Fan Assisted/Induced Draft	<input type="radio"/> Fan Assisted/Induced Draft	<input type="radio"/> Fan Assisted/Induced Draft
	<input type="radio"/> B-Vent	<input type="radio"/> B-Vent	<input type="radio"/> B-Vent	<input type="radio"/> B-Vent
	<input type="radio"/> Direct-/Power-Vented	<input type="radio"/> Direct-/Power-Vented	<input type="radio"/> Direct-/Power-Vented	<input type="radio"/> Direct-/Power-Vented
<input type="radio"/> Sealed Combustion	<input type="radio"/> Sealed Combustion	<input type="radio"/> Sealed Combustion	<input type="radio"/> Sealed Combustion	
% Load Served by System				
Distribution System Type	<input type="radio"/> Air <input type="radio"/> Hydronic <input type="radio"/> El. Resist.	<input type="radio"/> Air <input type="radio"/> Hydronic <input type="radio"/> El. Resist.	<input type="radio"/> Air <input type="radio"/> Hydronic <input type="radio"/> El. Resist.	<input type="radio"/> Air <input type="radio"/> Hydronic <input type="radio"/> El. Resist.
Capacity (kBtu/hr)				
Efficiency				
Efficiency Units	<input type="radio"/> AFUE <input type="radio"/> HSPF <input type="radio"/> COP	<input type="radio"/> AFUE <input type="radio"/> HSPF <input type="radio"/> COP	<input type="radio"/> AFUE <input type="radio"/> HSPF <input type="radio"/> COP	<input type="radio"/> AFUE <input type="radio"/> HSPF <input type="radio"/> COP
Efficiency Source	<input type="radio"/> Nominal <input type="radio"/> Tested	<input type="radio"/> Nominal <input type="radio"/> Tested	<input type="radio"/> Nominal <input type="radio"/> Tested	<input type="radio"/> Nominal <input type="radio"/> Tested
Worst-Case Combustion Testing	System 1	System 2	System 3	System 4
Worst-Case Spillage	<input type="radio"/> Pass <input type="radio"/> Fail	<input type="radio"/> Pass <input type="radio"/> Fail	<input type="radio"/> Pass <input type="radio"/> Fail	<input type="radio"/> Pass <input type="radio"/> Fail
Worst-Case Draft (Pa)				
Worst-Case Draft Test Result	<input type="radio"/> Pass <input type="radio"/> Fail	<input type="radio"/> Pass <input type="radio"/> Fail	<input type="radio"/> Pass <input type="radio"/> Fail	<input type="radio"/> Pass <input type="radio"/> Fail
Worst-Case CO (ppm)				
Worst-Case CO Test Result	<input type="radio"/> Pass <input type="radio"/> Fail <input type="radio"/> Rec. Service	<input type="radio"/> Pass <input type="radio"/> Fail <input type="radio"/> Rec. Service	<input type="radio"/> Pass <input type="radio"/> Fail <input type="radio"/> Rec. Service	<input type="radio"/> Pass <input type="radio"/> Fail <input type="radio"/> Rec. Service
Natural Combustion Testing (if needed)	System 1	System 2	System 3	System 4
Natural Spillage				
Natural Draft (Pa)				
Natural Draft Result	<input type="radio"/> Pass <input type="radio"/> Fail	<input type="radio"/> Pass <input type="radio"/> Fail	<input type="radio"/> Pass <input type="radio"/> Fail	<input type="radio"/> Pass <input type="radio"/> Fail
Natural CO Emissions (ppm)				
Natural CO Test Result	<input type="radio"/> Pass <input type="radio"/> Fail <input type="radio"/> Rec. Service	<input type="radio"/> Pass <input type="radio"/> Fail <input type="radio"/> Rec. Service	<input type="radio"/> Pass <input type="radio"/> Fail <input type="radio"/> Rec. Service	<input type="radio"/> Pass <input type="radio"/> Fail <input type="radio"/> Rec. Service
Sys. Description (for Report)				
Proposed Action	<input type="radio"/> Tune-up <input type="radio"/> System/Vent Repair <input type="radio"/> System Replacement	<input type="radio"/> Tune-up <input type="radio"/> System/Vent Repair <input type="radio"/> System Replacement	<input type="radio"/> Tune-up <input type="radio"/> System/Vent Repair <input type="radio"/> System Replacement	<input type="radio"/> Tune-up <input type="radio"/> System/Vent Repair <input type="radio"/> System Replacement
Proposed System(s) to Replace (Check all that apply)	<input type="radio"/> Sys 1 <input type="radio"/> Sys 2 <input type="radio"/> Sys 3 <input type="radio"/> Sys 4	<input type="radio"/> Sys 1 <input type="radio"/> Sys 2 <input type="radio"/> Sys 3 <input type="radio"/> Sys 4	<input type="radio"/> Sys 1 <input type="radio"/> Sys 2 <input type="radio"/> Sys 3 <input type="radio"/> Sys 4	<input type="radio"/> Sys 1 <input type="radio"/> Sys 2 <input type="radio"/> Sys 3 <input type="radio"/> Sys 4
New System Fuel Type				
New Heat System Efficiency				
New Efficiency Units	<input type="radio"/> AFUE <input type="radio"/> HSPF <input type="radio"/> COP	<input type="radio"/> AFUE <input type="radio"/> HSPF <input type="radio"/> COP	<input type="radio"/> AFUE <input type="radio"/> HSPF <input type="radio"/> COP	<input type="radio"/> AFUE <input type="radio"/> HSPF <input type="radio"/> COP
New Sys Manufacturer/Brand				
New Sys Model Number				
New Sys AHRI Reference Number				
Install Set-Back Thermostat to Replace Conventional	<input type="radio"/> For Heating System Only <input type="radio"/> No <input type="radio"/> For Both Heating & Cooling System	<input type="radio"/> For Heating System Only <input type="radio"/> No <input type="radio"/> For Both Heating & Cooling System	<input type="radio"/> For Heating System Only <input type="radio"/> No <input type="radio"/> For Both Heating & Cooling System	<input type="radio"/> For Heating System Only <input type="radio"/> No <input type="radio"/> For Both Heating & Cooling System
Number of T-stats Installed				

Heating Notes: _____

Cooling Systems	System 1		System 2		System 3		System 4		
Type of Cooling System	<input type="radio"/> Central	<input type="radio"/> Window/RAC	<input type="radio"/> Central	<input type="radio"/> Window/RAC	<input type="radio"/> Central	<input type="radio"/> Window/RAC	<input type="radio"/> Central	<input type="radio"/> Window/RAC	
% Load Served by each System									
Capacity (Tons)									
Existing System Vintage (install date)									
Existing Rated System Performance	<input type="radio"/> Standard	<input type="radio"/> High-Efficiency	<input type="radio"/> Standard	<input type="radio"/> High-Efficiency	<input type="radio"/> Standard	<input type="radio"/> High-Efficiency	<input type="radio"/> Standard	<input type="radio"/> High-Efficiency	
Cooling Sys. Description (for Report)									
Cooling Sys. Proposed Action	<input type="radio"/> Tune-Up	<input type="radio"/> Replacement	<input type="radio"/> Tune-Up	<input type="radio"/> Replacement	<input type="radio"/> Tune-Up	<input type="radio"/> Replacement	<input type="radio"/> Tune-Up	<input type="radio"/> Replacement	
Efficiency After Work									
Efficiency Units After Work	<input type="radio"/> SEER	<input type="radio"/> EER	<input type="radio"/> COP	<input type="radio"/> SEER	<input type="radio"/> EER	<input type="radio"/> COP	<input type="radio"/> SEER	<input type="radio"/> EER	<input type="radio"/> COP
Proposed Cool Sys Manufacturer									
Proposed Cool Sys Model Number									
Proposed Cool Sys AHRI Number									
Number of Units Replaced if Room A/C									
Install Set-Back Thermostat	<input type="radio"/> For Cooling System Only	<input type="radio"/> No	<input type="radio"/> For Cooling System Only	<input type="radio"/> No	<input type="radio"/> For Cooling System Only	<input type="radio"/> No	<input type="radio"/> For Cooling System Only	<input type="radio"/> No	
to Replace Conventional	<input type="radio"/> For Both Heating & Cooling System		<input type="radio"/> For Both Heating & Cooling System		<input type="radio"/> For Both Heating & Cooling System		<input type="radio"/> For Both Heating & Cooling System		
Number of T-stats Installed									

Cooling Notes: _____

Duct Systems

Enter Duct Location Outside Conditioned Space	<input type="radio"/> Attic	<input type="radio"/> Unconditioned Basement/Crawl	<input type="radio"/> Conditioned Space	
	<input type="radio"/> Exterior Wall	<input type="radio"/> In Slab	<input type="radio"/> Garage	
% Ductwork Outside Conditioned Space				
Existing Duct Insulation R-Value (if any)				
Proposed Final Duct Insulation R-Value				
Leakage Based on:	<input type="radio"/> Leakage Test	<input type="radio"/> Visual Inspection		
Existing Duct Leakage	CFM ₂₅ :	<input type="radio"/> Loose	<input type="radio"/> Moderate	<input type="radio"/> Tight
Proposed Final Duct Leakage	CFM ₂₅ :	<input type="radio"/> Loose	<input type="radio"/> Moderate	<input type="radio"/> Tight

Duct Notes: _____

Air Leakage

Leakage Based on:	<input type="radio"/> Blower Door Test	<input type="radio"/> Visual Inspection		
Existing Envelope Leakage	CFM ₅₀ :	<input type="radio"/> Very Loose	<input type="radio"/> Loose	<input type="radio"/> Normal
		<input type="radio"/> Tight	<input type="radio"/> Very Tight	
BAS (See Workspace Below)				
Home CFM ₅₀ vs. Minimum CFM ₅₀				
Proposed Air Sealing Level	CFM ₅₀ :	<input type="radio"/> None	<input type="radio"/> Light	<input type="radio"/> Moderate
		<input type="radio"/> Heavy	<input type="radio"/> Very Heavy	

Air Sealing Notes: _____

Health and Safety (Notes)

Workspace for BAS Calculation

Step 1: Ventilation Required for Building

$$\text{Airflow (cfm)} = 0.35 \times \text{Volume} / 60$$

$$= 0.35 \times \underline{\hspace{2cm}} / 60 = \underline{\hspace{2cm}} \text{ cfm}$$

Step 2: Ventilation Required for People

$$\text{Airflow (cfm)} = 15 \times \text{occupants (occupants = bedrooms + 1)}$$

$$= 15 \times \underline{\hspace{2cm}} = \underline{\hspace{2cm}} \text{ cfm}$$

Step 3: Using Higher Airflow Requirement, Convert to CFM₅₀

$$\text{Minimum CFM}_{50} = \text{Airflow (cfm)} \times N$$

$$= \underline{\hspace{2cm}} \times \underline{\hspace{2cm}} = \underline{\hspace{2cm}} \text{ CFM}_{50}$$

Step 4: Multiply BAS x 0.7 for Acceptable Range

$$\text{BAS} \times .7 = \underline{\hspace{2cm}} \text{ CFM}_{50} \times .7 = \underline{\hspace{2cm}} \text{ CFM}_{50}$$

$$\text{BAS Range: } \underline{\hspace{2cm}} \text{ CFM}_{50} \text{ to } \underline{\hspace{2cm}} \text{ CFM}_{50}$$