

Summary Report

Quick Home Energy Check-up

The Quick Home Energy Check-up (QHEC) identifies opportunities to improve the energy efficiency of your home. This report summarizes the findings and recommended improvements, and helps you decide what components of the BGE Smart Energy Savers Program® are right for you and your home.

I. CUSTOMER INFORMATION

Customer Name (as it appears on the BGE Bill) _____

BGE Account Number (required) Gas Electric Both _____

Street Address (where equipment was installed) _____

City _____ State _____ Zip _____

Customer Telephone _____ Customer Alternative Telephone _____ Customer Email Address _____

Mailing Address (if different than above) _____ City _____ State _____ Zip _____

QHEC Analyst _____ QHEC Date _____

House Type: Single Family Town/Row Home Condo/Apt. Duplex Mobile Home

Residency: Primary Vacation Home Other _____

House Sq. Foot _____ Own Rent Number of Occupants _____

Approx. Age of Home: Pre-1950 1950s 1960s 1970s 1980s 1990-1995 1996-2000 2001-2005 After 2005

II. TERMS AND CONDITIONS

QUICK HOME ENERGY CHECK-UP (QHEC): Participants are advised to retain a copy of this checklist and any accompanying documentation provided by the QHEC Contractor under this program. BGE will not be responsible for lost documentation pertaining to the QHEC delivery. Details of this program, including direct install measures and associated customer fees, are subject to change or cancellation without prior notice.

ELIGIBILITY: This offer is valid for BGE residential customers applying through the BGE QHEC Program only. For other programs, please visit BGESmartEnergy.com.

SAFETY AND BUILDING CODES: Participant's QHEC Contractor will verify that the installed energy-saving measures meet all applicable building codes; zoning laws; local, state and federal requirements; and other relevant requirements. Contractor is responsible for any applicable permits as required by aforementioned code/law.

APPROVAL AND VERIFICATION: BGE reserves the right to verify QHEC delivery and to have reasonable access to your residence to inspect the measures installed under this program.

TAX LIABILITY: BGE will not be responsible for any tax liability that may be imposed on the Customer as a result of the QHEC delivery and direct installation of measures. Please contact your tax advisor for more information.

FACSIMILE/SCANNED: Facsimile transmission of any signed original document, and the retransmission of any signed facsimile transmission, shall be the same as delivery of the original signed document. Scanned original documents transmitted to BGE as an attachment via electronic mail shall be the same as delivery of the original signed document. At the request of BGE, Participant shall confirm documents with a facsimile-transmitted signature or a scanned signature by providing the original document.

ENDORSEMENT: BGE does not endorse any particular manufacturer, product, system design or contractor in promoting this program.

INFORMATION RELEASE: Participant agrees that BGE may include Participant's name, BGE services and resulting energy savings in reports or other documentation submitted to BGE and/or the Maryland Public Service Commission. BGE will treat all other information gathered in evaluations as confidential and report it only in the aggregate.

LIMITATION OF LIABILITY: BGE's liability is limited to paying the incentive specified. BGE is not liable for any consequential or incidental damages, or for any damages in tort connected with or resulting from participation in this program. BGE reserves the right to not pay this incentive if the form is not filled out completely and accurately.

WARRANTIES: BGE DOES NOT WARRANT THE PROPER COMPLETION OF WORK OR PERFORMANCE OF INSTALLED PRODUCTS, EXPRESSLY OR IMPLICITLY. BGE makes no warranties or representations of any kind, whether statutory, expressed, or implied, including without limitations, warranties of merchantability or fitness for a particular purpose regarding CFLs, efficient-flow showerheads, faucet aerators, tank wraps, water heater temperature set-point adjustment, smart strips or pipe insulation. Contact your QHEC Contractor for details regarding product performance and warranties. BGE makes no guarantee of energy-savings results by receiving a QHEC and direct measure installation.

PROPERTY RIGHTS: Participant represents that Participant has the right to complete and/or install the energy-saving measures on the property on which those measures are completed and/or installed and that any necessary landlord's consent has been obtained.

RENTER'S CERTIFICATION: Renter certifies that he/she has received consent from the landlord or homeowner for the receipt of the QHEC and associated direct installation of measures.

RIGHT TO REFUSE: The QHEC Analyst has the right to refuse service or end the QHEC delivery when confronted by a customer acting inappropriately or when facing an unsafe situation. Inappropriate behavior includes but is not limited to the following: unreasonable demands for service, personally threatening or offensive language, threatening or erratic behavior, and inappropriate contact.

III. SIGNATURES

Please be sure you have read the Terms and Conditions of this application. **I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS ABOVE. I CERTIFY THAT THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT.**

Customer Signature _____

Print Name _____ Date _____

QHEC Analyst Signature _____

Print Name and Company _____ Date _____

IV. FINDINGS ON EXISTING CONDITIONS

RECOMMENDATIONS FOR IMPROVEMENTS

Air Sealing		Priority: _____
<p>Leakage pathways observed:</p> <input type="checkbox"/> Basement/crawl ceiling <input type="checkbox"/> Sill plate <input type="checkbox"/> Attic floor <input type="checkbox"/> Band joist between floors <input type="checkbox"/> Major air leakage bypasses: _____	<input type="checkbox"/> Interior baseboard/top molding/fireplaces <input type="checkbox"/> Window and door frames <input type="checkbox"/> Attic hatches <input type="checkbox"/> Recessed lights <input type="checkbox"/> Other: _____	<input type="checkbox"/> Air seal all major leakage pathways <input type="checkbox"/> Weatherstrip: <input type="checkbox"/> Doors <input type="checkbox"/> Windows <input type="checkbox"/> Threshold/sweep <input type="checkbox"/> Hatches <input type="checkbox"/> Outlets <input type="checkbox"/> Recessed cans: <input type="checkbox"/> Covers <input type="checkbox"/> Inserts <input type="checkbox"/> New housing <input type="checkbox"/> No recommendations Notes: _____

Duct Leakage		Priority: _____
<p>Duct leakage observed:</p> <input type="checkbox"/> Main trunk connections <input type="checkbox"/> Branch line connections <input type="checkbox"/> Unable to visually diagnose ductwork <input type="checkbox"/> Duct disconnects/failures at: _____	<input type="checkbox"/> Accessible register connections <input type="checkbox"/> No ducts in unconditioned space	<input type="checkbox"/> Seal air leaks in ductwork <input type="checkbox"/> Repair or reconnect ducts <input type="checkbox"/> Replace approximately _____ % of duct system <input type="checkbox"/> Duct cleaning <input type="checkbox"/> No recommendations Notes: _____

Insulation Levels		Priority: _____
<p style="text-align: center;">R-Value or Inches of Insulation</p> Above grade walls _____ Attic (flat and slope) _____ Kneewalls _____ Floor over unconditioned space _____ Rimjoists _____ Crawl/basement walls _____ Ductwork (unconditioned space) _____	<p>Add Insulation to:</p> <input type="checkbox"/> Above grade walls <input type="checkbox"/> Rimjoists <input type="checkbox"/> Attic (flat and slope) <input type="checkbox"/> Crawl walls <input type="checkbox"/> Kneewalls <input type="checkbox"/> Basement walls <input type="checkbox"/> Floor over unconditioned space <input type="checkbox"/> Ductwork (unconditioned space) <input type="checkbox"/> No recommendations Notes: _____	

Windows and Doors		Priority: _____
Type of Windows: <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Double-pane Low-E Storm Windows: <input type="checkbox"/> Yes <input type="checkbox"/> No Windows Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Doors Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> If replacing windows, select double-pane Low-E <input type="checkbox"/> Replace doors: <input type="checkbox"/> Front <input type="checkbox"/> Back <input type="checkbox"/> Garage <input type="checkbox"/> Sliding Glass Door <input type="checkbox"/> Solar Shade Screens or Tint <input type="checkbox"/> No recommendations Notes: _____	

HVAC and Water Heating Equipment		Priority: _____
Main heating system fuel: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Propane <input type="checkbox"/> Wood Main heating system type: <input type="checkbox"/> Furnace <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Baseboard <input type="checkbox"/> Radiant Heat <input type="checkbox"/> Other: _____ Manufacture date: <input type="checkbox"/> Pre-1996 <input type="checkbox"/> 1996-2000 <input type="checkbox"/> 2001-2005 <input type="checkbox"/> Post-2005 Condition: <input type="checkbox"/> Good <input type="checkbox"/> Service <input type="checkbox"/> Replace 2nd heating system fuel: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Propane <input type="checkbox"/> Wood 2nd heating system type: <input type="checkbox"/> Furnace <input type="checkbox"/> Heat Pump <input type="checkbox"/> Boiler <input type="checkbox"/> Baseboard <input type="checkbox"/> Radiant Heat <input type="checkbox"/> Other: _____ Manufacture date: <input type="checkbox"/> Pre-1996 <input type="checkbox"/> 1996-2000 <input type="checkbox"/> 2001-2005 <input type="checkbox"/> Post-2005 Condition: <input type="checkbox"/> Good <input type="checkbox"/> Service <input type="checkbox"/> Replace Filter(s) condition: _____ (2nd system): _____ Filter size (main): _____ (2nd system): _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Replace main heating system with a new _____ with a minimum _____ rated efficiency <input type="checkbox"/> Replace 2nd heating system with a new _____ with a minimum _____ rated efficiency <input type="checkbox"/> Replace filters <input type="checkbox"/> Temperature turndown for DWH <input type="checkbox"/> No recommendations Notes: _____	

Main cooling system: <input type="checkbox"/> Central <input type="checkbox"/> Heat Pump <input type="checkbox"/> Room Manufacture date: <input type="checkbox"/> Pre-1996 <input type="checkbox"/> 1996-2000 <input type="checkbox"/> 2001-2005 <input type="checkbox"/> Post-2005 Condition: <input type="checkbox"/> Good <input type="checkbox"/> Service <input type="checkbox"/> Replace 2nd cooling system: <input type="checkbox"/> Central <input type="checkbox"/> Heat Pump <input type="checkbox"/> Room Manufacture date: <input type="checkbox"/> Pre-1996 <input type="checkbox"/> 1996-2000 <input type="checkbox"/> 2001-2005 <input type="checkbox"/> Post-2005 Condition: <input type="checkbox"/> Good <input type="checkbox"/> Service <input type="checkbox"/> Replace	<input type="checkbox"/> Replace main cooling system with a new _____ with a minimum _____ rated efficiency <input type="checkbox"/> Replace 2nd cooling system with a new _____ with a minimum _____ rated efficiency Service: <input type="checkbox"/> Main system <input type="checkbox"/> 2nd system <input type="checkbox"/> No recommendations Notes: _____
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Legend for Priority: 1 - Critical 2 - High 3 - Medium 4 - Low

