



## Home Performance Assessment

					Company	Name:								
C	Customer Name: Customer Address:						Customer Phone Number (h):							
С							Customer	Phone Numb	oer (w):					
C	ity, Sta	te, Z	Zip:				Customer	Email:						
In	specti	on D	Date:				Home Perf	ormance An	alyst:					
					• Hor	neowner Inte	erview and C	onsumption H	History•					
					al Dutch rade <b>Baseme</b>					ace: Vented / Unvented				
Years i	n Home:	:		,	Roof Color: Vent Type(s): _ Roof Vents Are		Siding	ge: Type: House Fan: Yes	Confirm n	Wood Stove: Yes / No o fires for HPA: Yes / No :				
Electri	c Consu Electi		on Histor Foss	•					eeds / Complaints etails					
Month Jan. Feb. Mar. Apr. May Jun. Jul. Aug. Sep. Oct. Nov. Dec. Totals: Cooling:	Year	kWI			<ol> <li>High Bills:</li> <li>Drafts:</li> <li>Hot / Cold</li> <li>Air Quality</li> <li>Odors:</li> <li>Moisture I</li> <li>Water Lea</li> <li>Window P</li> <li>Door Prob</li> <li>Moisture</li> <li>Moisture</li> <li>Lacessiv</li> </ol>	Rooms: / Problems: ssues: ks: roblems: lems: Issues: e Dust:								
Ambient ( Base Pres			Fuel Gas C Exhaust Fa		n Draft-Pre Air Hand	e D	bustion Rela Draft Standard Vorst Case Pressu	Draft-Post	CAZ CAZ Sta	Spillage Worst Case Spillag Indard Pass or Fail				
Heatin	g Systen g Systen System:							Pass Fail Pass Fail Pass Fail Pass Fail	Pass Fail Pass Fail Pass Fail Pass Fail	Pass Fail Pass Fail Pass Fail Pass Fail				
CAZ 1:								rass Fáii	rass räll	Pass Fail				
CAZ 2:										Pass Fail				

Fuel Leaks: □ None Detected Leak(s) Detected: # of CO Detectors: \_\_\_\_\_Per Floor: Yes / No Vent Ambient Flue Gas CO ppm CO ppm Out? # of Smoke Detectors: \_\_\_\_\_ Per Floor: Yes / No Oven 1: Yes / No Worst Case Notes: Oven 2: Yes / No • Heating & Cooling Systems • Heating System 1 Heating System 2 Cooling System 1 **Cooling System 2** Brand: Brand: Type (Furnace, Boiler): Type (AC, HP): Fuel: Model #: Model #: Tonnage: Age: Age: Input / Output BTU's SEER / EER: Eff. Rating (AFUE): Condenser Loc.: Location (Bsmt., Gar.): Condenser Cond.: Filter Clean: Yes / No Freq. of Serving: Condensate Line Issues: \_\_\_\_\_ # of Thermostats: Programmable? Yes / No Heating Setpoint: Cooling Setpoint: • DHW • Location: Conditioned Basement / Utility Room / Closet Unconditioned Basement / Utility Room Garage Other: \_\_\_\_\_ Model #: Tank Wrapped? Type: Age: Gallons: Temp Setting: Input BTU: Yes / No Efficiency (EF): Fuel: • Appliances & Lighting • Size Age Model Number Lighting # of Incandescents # of CFL Major Appliances: High Use > 3 hrs. / day **Refrigerator 1:** Other **Refrigerator 2:** Recessed Can Lights Freezer: **Room Air Conditioners** Age: # of Units: \_\_\_\_\_ Age: \_\_\_\_ Washing Machine Energy Star: Yes / No EER (if known): **Dehumidifier:** Other: • Attic Insulation • Insulation Cav. Size Open or Surface Attic R-Attic Flats and Slopes Value Type (e.g. 2x6) Enclosed Area (sq/ft.) Access Notes

## Additional Notes:

Attic Kneewall / Vertical	R- Value	Insulation Type	Cav. Size (e.g. 2x4)	Open or Enclosed	Surface Area (sq/ft.)	Notes

Additional Notes:

● Wall Insulation ●						
Sidewall Sections	R- Value	Insulation Type	Cav. Size (e.g. 2x4)	Surface Area (sq/ft.)	Notes	

Additional Notes: \_\_\_\_\_

<ul> <li>Basement / Crawl Insulation</li> </ul>							
Basement Walls & Sill Plate	Conditioned?	Insulation Location	R- Value	Wall Height	Linear Ft.	Notes	
	Yes / No						
	Yes / No						
Additional Notes:							

Crawlspace	Access Type	Vented?	R- Value	Sq. Ft. Floor	Notes
Floor		Yes / No			
Wall		Yes / No			
Additional Notes:	•		L L		

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			Window	/S ●		
		W	lindows			
Location / Orientation	Qty.	Panes	Storms?	Frame	Condition	Notes:
		1 2 3	Yes / No	WVM	Good Fair Poor	
		1 2 3	Yes / No	W V M	Good Fair Poor	
		1 2 3	Yes / No	W V M	Good Fair Poor	
		1 2 3	Yes / No	W V M	Good Fair Poor	
		1 2 3	Yes / No	W V M	Good Fair Poor	
		1 2 3	Yes / No	W V M	Good Fair Poor	
		1 2 3	Yes / No	W V M	Good Fair Poor	
		1 2 3	Yes / No	W V M	Good Fair Poor	
		Exterior Doors				

			1					Notes:
W	V	Μ	Yes / No	Yes / No	Good	Fair	Poor	
w	۷	М	Yes / No	Yes / No	Good	Fair	Poor	
W	۷	М	Yes / No	Yes / No	Good	Fair	Poor	

Additional Notes:

## Building Information

onditioned Sq/ft: vg. Ceiling Height: umber Stories: olume:	Knob & Tube Wiring?: Yes / No					
	● Air Leakage ●					
lower Door Test: ACH 50	Natural InfiltrationACH	Recommended Ventilation Rate:				
ir Leakage Locations (check all that apply	)					
Attic Wire / Pipe Penetrations	Recessed Lights	Crawlspace				
Kneewalls / Attic Stairs	Chimney / Flues	□ Windows				
□ Attic Access	Basement Penetrations	□ Cantilevers				
Drop Soffits / Chase	□ Sill Plate	Bay Window				
Porch Roof	% Ducts in Uncond. Attic:					
Garage Wall / Ceil	% Ducts in Uncond. Bsmt. / Crawl:					
Plumbing by-pass	Duct / Pipe Insulation (R-value):					
Electrical Outlet	Visual Leakage	Low / Med / High				
Additional Notes						