



## Home Performance Assessment

|   |                                     |       |                          |   | Company   | Name:   |   |  |  |  |  |  |  |  |
|---|-------------------------------------|-------|--------------------------|---|---|---|---|--|--|--|--|--|--|--|
| C   | Customer Name:<br>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<br>rade <b>Baseme</b>  |   |   |  |  | ace: Vented / Unvented                                 |  |  |  |  |
| Years i   | n Home:                             | :     |                          | , | Roof Color:<br>Vent Type(s): _<br>Roof Vents Are  |   | Siding  | ge:<br>Type:<br>House Fan: Yes                   | Confirm n  | Wood Stove: Yes / No<br>o fires for HPA: Yes / No<br>: |  |  |  |  |
| Electri   | c Consu<br>Electi                   |       | on Histor<br>Foss        | • |   |   |   |  | eeds / Complaints<br>etails                      |  |  |  |  |  |
| Month<br>Jan.<br>Feb.<br>Mar.<br>Apr.<br>May<br>Jun.<br>Jul.<br>Aug.<br>Sep.<br>Oct.<br>Nov.<br>Dec.<br>Totals:<br>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:<br>/ Problems:<br>ssues:<br>ks:<br>roblems:<br>lems:<br>Issues:<br>e Dust: |   |  |  |  |  |  |  |  |
| Ambient (<br>Base Pres  |                                     |       | Fuel Gas C<br>Exhaust Fa |   | n Draft-Pre<br>Air Hand   | e D   | bustion Rela<br>Draft Standard<br>Vorst Case Pressu | Draft-Post                                       | CAZ CAZ Sta                                      | Spillage Worst Case Spillag<br>Indard Pass or Fail     |  |  |  |  |
| Heatin  | g Systen<br>g Systen<br>System:     |       |                          |   |   |   |   | Pass Fail<br>Pass Fail<br>Pass Fail<br>Pass Fail | Pass Fail<br>Pass Fail<br>Pass Fail<br>Pass Fail | Pass Fail<br>Pass Fail<br>Pass Fail<br>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-<br>Value | Insulation<br>Type | Cav. Size<br>(e.g. 2x4) | Open or<br>Enclosed | Surface<br>Area (sq/ft.) | Notes |
|---------------------------|-------------|--------------------|-------------------------|---------------------|--------------------------|-------|
|                           |             |                    |                         |                     |                          |       |
|                           |             |                    |                         |                     |                          |       |
|                           |             |                    |                         |                     |                          |       |
|                           |             |                    |                         |                     |                          |       |
|                           |             |                    |                         |                     |                          |       |

Additional Notes:

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

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

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

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

\_\_\_\_\_

|                        |      |                | 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:<br>vg. Ceiling Height:<br>umber Stories:<br>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   |                                   |                               |  |  |  |  |
|  |                                   |                               |  |  |  |  |
|  |                                   |                               |  |  |  |  |
|  |                                   |                               |  |  |  |  |
|  |                                   |                               |  |  |  |  |