



Fuel Leaks:  None Detected  Leak(s) Detected: \_\_\_\_\_

	Ambient CO ppm	Flue Gas CO ppm	Vent Out?
Oven 1:			Yes / No
Oven 2:			Yes / No

# of CO Detectors: \_\_\_\_\_ Per Floor: Yes / No  
 # of Smoke Detectors: \_\_\_\_\_ Per Floor: Yes / No

Worst Case Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

• 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.:		

Freq. of Servicing: \_\_\_\_\_ Filter Clean: Yes / No 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: \_\_\_\_\_  
 Type: storage or on demand Age: \_\_\_\_\_ Model #: \_\_\_\_\_ Tank Wrapped? \_\_\_\_\_  
 Gallons: \_\_\_\_\_ Temp Setting: \_\_\_\_\_ Input BTU: \_\_\_\_\_ Yes / No  
 Fuel: \_\_\_\_\_ Efficiency (EF): \_\_\_\_\_

• 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:						
Age:						
Washing Machine						
Dehumidifier:						
Other:						

**Room Air Conditioners**  
 # of Units: \_\_\_\_\_ Age: \_\_\_\_\_  
 Energy Star: Yes / No EER (if known): \_\_\_\_\_

• Attic Insulation •

Attic Flats and Slopes	R-Value	Insulation Type	Cav. Size (e.g. 2x6)	Open or Enclosed	Surface Area (sq/ft.)	Attic 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

• Basement / Crawl Insulation •

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: \_\_\_\_\_  
 \_\_\_\_\_

• Windows •

*Windows*

Location / Orientation	Qty.	Panes	Storms?	Frame	Condition	Notes: _____
		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	_____
		1 2 3	Yes / No	W V M	Good Fair Poor	_____

*Exterior Doors*

	W V M	Yes / No	Yes / No	Good Fair Poor	Notes: _____
	W V M	Yes / No	Yes / No	Good Fair Poor	_____
	W V M	Yes / No	Yes / No	Good Fair Poor	_____

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

• Building Information •

Conditioned Sq/ft: \_\_\_\_\_  
Avg. Ceiling Height: \_\_\_\_\_  
Number Stories: \_\_\_\_\_  
Volume: \_\_\_\_\_

House Orientation: \_\_\_\_\_  
Knob & Tube Wiring?: Yes / No  
Unvented Space Heaters / Fireplaces?: Yes / No

• Air Leakage •

Blower Door Test: \_\_\_\_\_ ACH 50 Natural Infiltration \_\_\_\_\_ ACH Recommended Ventilation Rate: \_\_\_\_\_

**Air Leakage Locations** (*check all that apply*)

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> Attic Wire / Pipe Penetrations | <input type="checkbox"/> Recessed Lights       | <input type="checkbox"/> Crawlspace  |
| <input type="checkbox"/> Kneewalls / Attic Stairs       | <input type="checkbox"/> Chimney / Flues       | <input type="checkbox"/> Windows     |
| <input type="checkbox"/> Attic Access                   | <input type="checkbox"/> Basement Penetrations | <input type="checkbox"/> Cantilevers |
| <input type="checkbox"/> Drop Soffits / Chase           | <input type="checkbox"/> Sill Plate            | <input type="checkbox"/> Bay Window  |
| <input type="checkbox"/> Porch Roof                     | % Ducts in Uncond. Attic: _____                |                                      |
| <input type="checkbox"/> Garage Wall / Ceil             | % Ducts in Uncond. Bsmt. / Crawl: _____        |                                      |
| <input type="checkbox"/> Plumbing by-pass               | Duct / Pipe Insulation (R-value): _____        |                                      |
| <input type="checkbox"/> Electrical Outlet              | Visual Leakage _____ Low / Med / High          |                                      |

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