



Home Performance Summary Report



Customer Name: _____ Customer Phone Number (h): _____

Customer Address: _____ Customer Phone Number (w): _____

City, State, Zip: _____ Customer Email: _____

Inspection Date: _____ Home Performance Analyst: _____

Your Home Performance Assessment identifies opportunities to improve the performance of your home based on our analysis. This report summarizes the findings, prioritizes recommended improvements and helps you determine the best improvements for your home.

• Findings and Recommendations •

Findings on Existing Conditions	Recommendations for Improvements
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Blower door test: _____ cfm 50
Recommended ventilation: _____ cfm 50

Leakage pathways observed:

- Basement / crawl ceiling
- Sill plate
- Attic floor
- Band joist between floors
- Interior baseboard / top molding / fireplaces
- Window and door frames
- Attic hatch(es)
- Recessed lights
- Major air leakage bypass(es): _____

Other: _____

Notes: _____

Air seal the following leakage pathways:

- Basement / crawl penetrations
- Attic penetrations
- Flue / chimney penetrations / bypass
- Attic hatch / pull down
- Door and window frames
- Weather-strip: doors / windows / hatches / outlets
- Recessed lights: covers / inserts / new housings
- Plumbing bypass
- Add ventilation
- Open attic stairs / walls
- Base and ceiling molding
- Around fireplace / mantle
- Notes: _____

Duct leakage observed at:

- Main trunk connections
- Branch line connections
- Accessible register connections
- Unable to visually diagnose duct work
- No ducts in unconditioned space
- Duct disconnects / fails at: _____

Notes: _____

Duct leakage observed at:

- Include duct blaster test for leakage to outside
- Repair or reconnect ducts
- Air flow balancing
- Add return(s)
- No recommendations
- Notes: _____

R-Value / Inches Insulation

- Above grade walls _____
- Attic (flat) _____
- Attic (slope) _____
- Kneewall(s) _____
- Floor over uncond. _____
- Rimjoists _____
- Crawl walls _____
- Basement walls _____
- DuctWORK (uncond. space) _____
- Notes: _____

Add Insulation

R-Value / Inches Insulation

- Walls _____
- Attic (flat) _____
- Attic (slope) _____
- Kneewall _____
- Floor _____
- Rimjoists _____
- Crawl walls _____
- Basement walls _____
- Duct work _____
- No recommendations _____
- Notes: _____

Findings on Existing Conditions

Recommendations for Improvements

- Single pane windows: **Condition:** Good / Fair / Poor
- Double pane windows: **Condition:** Good / Fair / Poor
- Double pane low-e: **Condition:** Good / Fair / Poor
- Storm windows: **Condition:** Good / Fair / Poor
- Doors: **Condition:** Good / Fair / Poor
- Notes: _____

- Replace windows with 0.4 U-value and 0.55 SHGC
- Replace doors with 0.4 U-value
- Install solar screens or film
- No recommendations: _____
- Notes: _____

Main heating system is a _____
 System efficiency is _____ and age _____
 Condition: Good / Service / Replace
 Prog. thermostat: Yes / No / # of thermostats: _____

2nd heating system is a _____
 System efficiency is: _____ and age _____
 Condition: Good / Service / Replace
 Prog. thermostat: Yes / No
 Filter condition: _____
 Condensate line: Blocks: Yes / No Leaks: Yes / No
 Other: _____

- Notes: _____

- Replace main heating system** with _____ rated efficiency
- Replace 2nd heating system** with _____ rated efficiency
- Consider heat pump
- Install prog. thermostat
- Replace filter(s)
- Fix / replace condensate line
- No recommendations: _____
- Notes: _____

Main cooling system: Central Room Heat pump
 System efficiency is _____ and age _____
 Condition: Good Service needed

2nd cooling system: Central Room Heat pump
 System efficiency is _____ and age _____
 Condition: Good Service needed
 Air handler location _____

- Notes: _____

- Replace *main cooling system* with _____ SEER system
- Replace *2nd cooling system* with _____ SEER system
- Clean / adjust blower Check / adjust charge
- Clean coils inside / outside Check / adjust airflow
- Fix / replace condensate line Check / adjust charge
- Clean / adjust blower Clean / adjust airflow
- Clean coils
- No recommendations: _____
- Notes: _____

Water heating system is a _____
 Estimated system efficiency is _____ or age _____
 Condition: Good Replace

Temperature Setting: _____ Size: _____ Gallons: _____
 Low flow showerheads: Yes / No

- Notes: _____

- Replace **water heating system** with new _____ with _____ rated efficiency
- Install solar hot water Pipe jacket
- Install low flow showerhead Insulation jacket
- Other: _____
- No recommendations: _____
- Notes: _____

Findings on Existing Conditions

Recommendations for Improvements

Refrigerator Age: _____ Energy Star
 Freezer Age: _____ Energy Star
 Clothes washer Age: _____ Energy Star
 Dehumidifier Age: _____ Energy Star
 Other: _____ Energy Star
 High-use lighting _____% CFL bulbs
 All lighting _____% CFL bulbs
 Renewable opportunities: _____
 Notes: _____

Replace with Energy Star refrigerator
 Replace with Energy Star freezer
 Replace with Energy Star clothes washer
 Replace with Energy Star dehumidifier
 Install _____ Energy Star CFL bulbs in high-use fixtures
 Purchase Energy Star CFLs when replacing bulbs
 Install renewables: _____
 Notes: _____

	Heating System		Water Heater	
CO tests	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Draft tests	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Spillage tests	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Ambient CO in living space	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Ambient CO in CAZ	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Oven CO test	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Gas or oil leaks	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
CO Monitor	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<input type="checkbox"/> Locations: _____				
Htg / DHW sys venting issues <input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Description: _____				
Smoke Detector <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Inoperable				

We strongly recommend the following course of action(s):

 No recommendations
 Other: _____
 Fix fuel leaks at: _____
 Fix venting issues at: _____
 Install / fix smoke detector
 Install low-level CO monitor
 Recommend radon test
 Notes: _____

Locations with signs of moisture or durability issues
 Windows Attic Other _____
 Roof Interior _____
 Crawl / Basement Walls _____
 Soffits Sill plate _____
 Notes: _____

Add attic ventilation Replace / fix roof
 Re-grade around foundation Add gutters
 Install sump pump Extend downspouts
 Other: _____

Improperly vented, non-operable, or needs ventilation
 Master bath Crawlspace
 2nd bath Whole-house
 3rd bath Other: _____
 Range hood _____
 Dryer _____

Replace / install exhaust fan
 Add humidistat / timer
 Install dehumidifier
 Other: _____
 Notes: _____

