



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: \_\_\_\_\_    Age: \_\_\_\_\_    Model #: \_\_\_\_\_    Tank Wrapped? \_\_\_\_\_

Gallons: \_\_\_\_\_    Temp Setting: \_\_\_\_\_    Input BTU: \_\_\_\_\_    Yes / No

Fuel: \_\_\_\_\_    Efficiency (EF): \_\_\_\_\_

● Appliances & Lighting ●

Major Appliances:	Size	Age	Model Number	Lighting	# of Incandescents	# of CFL
Refrigerator 1:				High Use > 3 hrs. / day		
Refrigerator 2:				Other		
Freezer:				Recessed Can Lights		
Age:				Room Air Conditioners		
Washing Machine				# of Units: _____ Age: _____		
Dehumidifier:				Energy Star: Yes / No    EER (if known): _____		
Other:						

● 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 Knee wall / 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									Notes: _____
Location / Orientation	Qty.	Panes	Storms?	Frame	Condition				
		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								Notes: _____
	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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_