

WaWeb Data Collection Form

Geographic ID: App. Date:

Auditor: Date:

Occupants

Elderly:

Disabled:

Native American:

Children:

Number:

Contact Types

1. Applicant/Person of Record
 2. Other Contact for Applicant
 3. Landlord / Owner 1
 4. Landlord / Owner 2

Primary Language:

Contact Name:	Relation:	Day Phone:	Type:

Account #: OtherID:

ClientName: Day Phone:

ClientAddress:

Unit: City:

Dwelling Type Ownership Primary Heating Fuel

Site Built: Owner: Electricity: Annual Cost:

Mobile Home: Renter: Natural Gas:

Duplex: Other: Propane: Est. % for Heating:

Multifamily(>4): Oil:

Shelter: Infiltration Height: Wood: High Use:

Other: Previous Weatherized: Coal: High Burden:

Energy Index

FloorArea Sq': Cond. Stories: Year Built:

Length: Number of Bedrooms: Outdoor WH Closet:

Width: Wind Shielding: Well Normal Exposed

Height: Home Leakiness: Tight Medium Loose

Orient Long Wall: North East South West Ventilated Not Ventilated

Wall Type: Exterior Type: Exposure:

1. Baloon Frame	4. Cinder Block	1. Wood	4. Stucco	1. outside
2. Platform Frame	5. Adobe	2. Brick (Stone)	5. none	2. Buffered
3. Masonry / Stone	6. Other	3. Metal (Vinyl)	6. Other	3. Cond.



Existing Insulation Add Insulation MH Insulation

1. None	4. Rockwool	1. None	1. Batt/Blanket (in)
2. Bln Cellulose	5. Fiberglass Batts	2. Bln Cellulose	2. Loose Fill (in)
3. Bln Fiberglass	6. Polystyrene / Other	3. Bln Fiberglass	3. Foam Core (in)

Walls	Wall Type	Stud Size	Exterior Type	Exposure	Orientation	W' / H'	Area	Exst. Insul.	Depth	Add Insul	MH Type / Thick
WALL 01											
WALL 02											
WALL 03											
WALL 04											
WALL 05											
WALL 06											
WALL 07											
WALL 08											
WALL 09											
WALL 10											

Carport/porch present _____ Length _____ Width _____ Orientation _____

Housing App#: ClientID:
 ClientName: Day Phone: Assessors: Date:

Door Type	StormDoor	Number	Measure	Swing	Lockset	Air Seal	Threshold Oak/Bumper		
1. H-Core Wood 2. S-Core Wood 3. Insulated Steel	4. Sngl Sliding Glass 5. Dbl Pane Glass 6. stnd. Mobile door	1. Adequate 2. Deteriorated 3. None	# of Doors With the same Description	1. Repair 2. Replace	1. Right Hand 2. Left Hand	1. DeadBolt 2. Knob 3. Combo	1. Jamb Up 4. V-Seal (C/B) 2. Q-Lon 3. Sweep (M/B)	1. 3/4 Oak 2. 1 Oak 3. 1 Bumper	4. 1 x 5/8 Bumper 5. 1/2 Bumper 6. 3/4 Bumper (B)

DoorCode	DoorType	Area	StormDoor	WallCode	Number	Measure	Swing	Width	Height	Thick	Lockset	Air Seal	Thresh	TIGHT	MEDIUM	LOOSE
DOOR 01																
DOOR 02																
DOOR 03																
DOOR 04																
DOOR 05																
DOOR 06																

Unfinished Attic

AtticType	JoistSpace	Type	Material
1. Unfloored	1. 16 in	1. Batts	1. Fiberglass
2. Floored	2. 18 in	2. Blown	2. Rockwool
3. Cathedral / Flat	3. 24 in	3. Other	3. Cellulose

Existing Insulation

AtticCode	AtticType	Joist Sp	Area	Type	Material	Depth
UFA 01						
UFA 02						
UFA 03						

Reflective/ShaDeD/White Normal/Weathered

Mobile Home Ceiling

Roof Type	Roof Color	Exst Insula
1. Bowstring	1. Reflective	1. Batt/Blanket
2. Flat	1. Shaded White	1. Loose Fill
3. Pitched		2. Foam Core

2.Normal/Weather

Type	Color	Insula	Depth In
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Cathedral % Roof Height at Center

Joist size

Addition Framing

Type	Type
1. Cathedral	<input type="text"/>
2. Kneewall	Sq ft. <input type="text"/>
3. Skylight	<input type="text"/>

Centers	O/C
1. 16 in	<input type="text"/>
2. 18 in	<input type="text"/>
3. 24 in	<input type="text"/>

Heat Sources	HeatSrc
1. WH / Furn	<input type="text"/>
2. Exh Fan	<input type="text"/>
3. Rec Lght	<input type="text"/>

Hatch	Hatch
1. Replace	<input type="text"/>
2. WZNstrip	<input type="text"/>
3. Batt/Baffle	<input type="text"/>

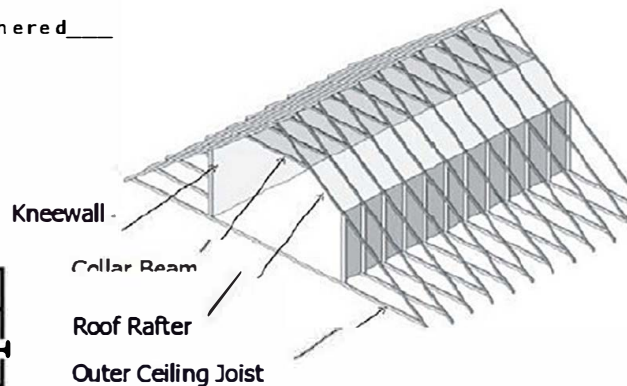
Stairbox
 Exist Add Batt/Baffle

Finished Attic Reflective/shaded/white Normal/weathered

Area Type	Floor Type	Type	Material
1. Outer Ceiling Joist	1. Unfloored	1. Batts	1. Fiberglass
2. Collar Beam	2. Floored	2. Blown	2. Rockwool
3. Kneewall		3. Other	3. Cellulose
4. Roof Rafter			

Existing Insulation

AtticCode	AreaType	Floor	Area	Type	Material	Depth
FA 01						
FA 02						
FA 03						



The four parts of a finished attic define the envelope of the heated area

Housing App#: ClientID:
 ClientName: Day Phone: Assessors: Date:

Foundations

Foundation Type

1. Conditioned
2. Non Conditioned
3. Vented Non Cond.
4. Unintentionally Cond.
5. Uninsulated Slab
6. Insulated Slab
7. Exposed Floor w she
8. Exp. Floor w /o she

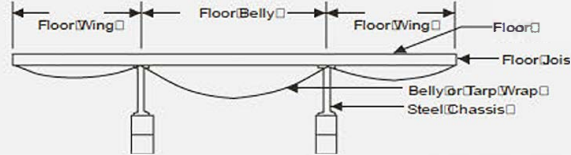
FoundCode	FoundType
FD 01	
FD 02	
FD 03	

Floor Area (sq ft)
 Exist. Insul. R-Value
 Joist size
Sill Joist Spacing (in)
 Perimeter to Insul (ft)
 Existing R-Value
F. Wall Height (ft)
 Height Exposed (%)
 Perimeter (ft)
 Exist. R-Value

Foundation Insulation options

Fiberglass None

Mobile Home Floor



Floor Joist Direction

- Lengthwise
 Widthwise
 Yes
 No

Is there a Skirt?

Floor Wing Description

Joist Size (in)
 Loose Insul (in)

Floor Belly (Center) Desc.

Joist Size (in)
 Loose Insul (in)

Batt Insul. Location

1. Attached to flooring
2. Between Joist
3. Attached Under Joist
4. None"

Location
 Thickness

Batt Insul. Location

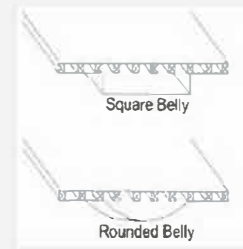
1. Attached to flooring
2. Between Joist
3. Attached Under Joist
4. Draped Below Joist
5. None

Location
 Thickness

Added insulation type None Blown

Mobile Home Shell (Continued)

Walls MH Insulation
 1. Batt/Blanket (in)
 2. Loose Fill (in)
 3. Foam Core (in)
 MH Type / Thick
 Enter the wall area not accessible for insulating.
 Uninsulatable Area (sq ft)



Belly Configuration

- Square
 Rounded
 Flat

Belly Condition

- Good
 Average
 Poor

Max Depth Belly Cavity (in)

Windows	Average Size		Number Facing				Doors	Average Size		Number Facing				Carport / Porch / Roof			
	Width	Height	North	East	South	West		Width	Height	North	East	South	West	Width	Length	Orientation	N E S W
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mobile Home Additions

Use the "A" suffix in the Wall, Window, Door Code to signify a MH Addition; ie Wall01A, Win01A, D01A
 Utilize the Wall, Window, and Door data collection pages, to record MH Addition information

Walls Stud Size
 Orientation North East South West
 Ventilation Ventilated Not Ventilated

Windows Average Size
 Number Facing
 Width Height North East South West

MH Addition - Floor Type

 1. Crawl Space
 2. Slab on Grade
 3. Exposed Floor
 Joist Size

Ceiling Joist Size
Roof Color

 1. Reflective
 1. Shaded
 2. Normal

MH Addition Insul
 1. Batt/Blanket (in)
 2. Loose Fill (in)
 3. Foam Core (in)
MH Addition - Wall config

 1. Max Wall height at Interior wall
 2. Max Wall height in Rm center
 3. All Addition Wall the same height

Doors Average Size
 Number Facing
 Width Height North East South West

Addition Floor Batt

 1. Attach to flooring
 2. Between Joist
 3. Attach Under Joist
 4. None
 Depth in
 Add inches
 FIrLength Width

Exist Insula

 1. Batt/Blanket
 1. Loose Fill
 2. Foam Core
 Depth in

Housing App#: ClientID:
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Efficiency input method Nameplate Site measured (circle one)

Heating Equipment Type		Fuel Type	Equipment Location
1. Gravity Furnace	6. Heat pump central	1. Natural Gas	5. Oil
2. Forced Air Furnace	7. HP room/win	2. Electricity	6. Propane
3. Boiler HW	8. HP PTHP	3. Wood	7. Coal
4. Boiler Steam	9. HP miniSplit	4. Kerosene	8. Other
5. Space Heater	10. EVAP cooler	A/C room central minisplit ptac (circle one)	

Uninsulated Ducts Duct location _____

Duct Type	Rect/Round	Length	Width	Height if Rectangular	Diameter if Circular
R-Value _____	⋮				
R-Value _____	⋮				
R-Value _____	⋮				

MH	Sys	SysCode	EquipType	FuelType	% Supplied	Equip Location	Manufacturer	Model	Sq'	Watt	Amp	Volt	HSPF or yr.
<input type="radio"/>	<input type="radio"/>	HS01											Heat Pump Details
<input type="radio"/>	<input type="radio"/>	HS02											
<input type="radio"/>	<input type="radio"/>	HS03											

Required Heating System Details

Input Heating Units	Condition
1. No Input	1. Good
4. Lbs/hr	4. Broken (non-function)
2. kBtu/hr	5. CCM
5. CCM	2. Fair
3. Gals/hr	5. None
	3. Poor (functions)

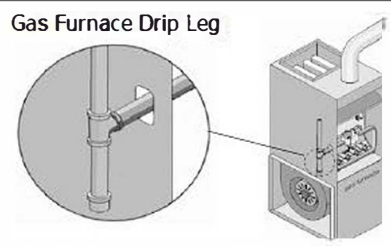
Mobile Home Heating System Details

MH Duct Location	MH Duct Insulation Location	SysCode	MH Duct Loc	MH Duct Insul. Loc
1. Floor	1. Above Duct	HS01		
2. Ceiling	4. No Insulation	HS02		
3. None	2. Below Duct	HS03		
	3. Around or Ductboard			

SysCode	InputUnits	InputRating	Output Cap. (in heat units)	SS Eff. %	EquipCond.	Smart Therm	Auto Vent Damper Present	Recomd	Flue Dia	Pilot Light / IID IID	PilotLight	Summer	PowerBurn	Retention Head Present	Recomd
HS01						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HS02						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HS03						<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional Heating System Details

Burner Condition	Pilot Condition	Elect. Serv. Switch
1. Good	1. Good	1. Good
2. Fair	2. Fair	2. Fair
3. Poor (working)	3. Poor (working)	3. Poor (working)
4. Broken (not working)	4. Broken (not working)	4. Broken (not working)



Maint. Status: Annual Pro Maintained seldom or never not working (circle one)

Thermostat Type

1. Mech (bimetallic)
2. Mech (mercury)
3. Elect (no setback)
4. Elect (w/ setback)

SysCode	BurnerCond	PilotCond	E.Serv.Switch	C/O levels	GasLeak	Cracked Heat Exchanger	Fuel Shut Off Not Present	Drip Leg Not Present	Therm.Type	Day Setting	Night Setting
HS01					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
HS02					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
HS03					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			

SysCode	Additional Comments
HS01	
HS02	
HS03	

Duct insulation location above duct below around duct/ductboard none (circle one) # of return registers _____

Housing App#: ClientID:
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Cooling System Details

AC Unit Type: 1. Central 2. Window 3. Heat Pump 4. Evaporative 5. Ptac

AC Code: AC0__ Additional Comments:
 AC0__

AC Code	AC Type	AC Manufacturer	AC Model #	Area Cooled (sq')	EFF (kBTU/hr)	Or Year	Purchase
AC01							
AC02							
AC03							
AC04							

Mobile Home Cooling System Details

EfficiencyUnits	DuctLocation	DuctInsul.
1. COP	1. Floor	1. Above Duct
2. EER	2. Ceiling	2. Below Duct
3. SEER	3. None	3. Around Duct
		4. None

Primary	Mobile Home	Capacity (kBTU/hr)	Eff. Rating	Eff Units	DuctLoc	Insul	%Cooled
<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	<input type="radio"/>						
<input type="radio"/>	<input type="radio"/>						

Mobile Home Additional Comments:

Ducts / Infiltration

Air and Duct Leakage Method

Whole House Blower Door Infiltration
 Duct-Blower Pressure Test
 Pressure Pan Measurements

WHOLE HOUSE INFILTRATION REDUCTION / BLOWER DOOR

Pre Infiltration Reduction Leakage (CFM) Comment
 Pressure Differential (Pa)

POST BLOWER DOOR MEASUREMENTS

target or actual Leakage (CFM) Duct Operating Pressures Pre Supply (Pa) Post _____
 Pressure Differential (Pa) Duct Sealing Return (Pa) Post _____

Comments:

DUCT BLOWER PRESSURE TEST

	Total	Outside
Pre Duct Sealing Fan Flow (CFM)	<input type="text"/>	<input type="text"/>
Duct Pressure (Pa)	<input type="text"/>	<input type="text"/>
House Pressure (Pa)	<input type="text"/>	<input type="text"/>

Pre Infiltration Reduction Leakage (CFM) Target _____
 Pressure Differential (Pa) Target _____

Duct Operating Pressures Pre Duct Sealing Supply (Pa) Post _____
 Return (Pa) Post _____

PRESSURE PAN MEASUREMENTS

Pre Duct Sealing Sum of Pressure Pan Reading (Pa)

Pre Infiltration Reduction Leakage (CFM)
 Pressure Differential (Pa)

Duct Operating Pressures Pre Duct Sealing Supply (Pa)

Register readings (pa) 1. ___ 2. ___ 3. ___ 4. ___ 5. ___ 6. ___ 7. ___ 8. ___ 9. ___ 10. ___ 11. ___ 12. ___ 13. ___ 14. ___ 15. ___ 16. ___ 17. ___ 18. ___ 19. ___ 20. ___

Housing App#: ClientID:
 ClientName: Day Phone: Assessors: Date:

B A S E L O A D S

Water Heater(s)

WH Code	Manufacturer	Model:	TYPE
WH01	<input type="text"/>	<input type="text"/>	<input type="text"/>
WH02	<input type="text"/>	<input type="text"/>	<input type="text"/>

Shower Heads

of Shower Heads
 Shower Use (min/day)
 Average GPM

Fuel Type	Equipment Location	Input Units
1. Natural Gas	1. Heated Space	1. kBTU
2. Electricity	2. Uncond. Space	2. kW
3. Propane	3. Unintentional Heated	
4. Oil		

If WH wrap is present, skip Insul. Thick & Insul. Type
Is the first 5' of WH supply pipe insulated?

Insulation Type	Energy Factor	Recovery Eff.
1. Fiberglass	<input type="text"/>	<input type="text"/>
2. Polyurethane		

WH Code	Fuel Type	Equip. Loc.	Rated Input	Input Units	Gallons	WH Wrap	Pipe Insul.	Insul. Thick.	Insul. Type	Water Heater Condition			Burner Condition			CO Level	WH Stand
										Good	Fair	Poor	Good	Fair	Poor		
WH01						<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>
WH02						<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="radio"/>

Comments:

Refrigerator

Manufacturer Model

Refrigerator Style		Defrost		Refrigerator Location		Size cu ft
1. Top Freezer	4. Sngl Door w/ Freezer	1. Automatic	3. Partial Auto	1. Heated Space		
2. Side by Side	5. Bottom Freezer	2. Manual	4. Other	2. Uncond. Space		
3. Single Door	6. Other			3. Unintentional Heated		
				4. Uncond. Garage		

Available Space Dimesions

Height(in)
 Width(in)
 Depth(in)

Ice Maker

Door Type Single Double
 Door Swing Right Hand Left Hand
 Freezer Type Top Bottom

Lighting System

Room Description	Location	Lamp Type
1. Family	5. Dining	1. Standard
2. Kitchen	6. Bedroom	2. Floor
3. Living	7. Bathroom	3. Other
4. Rec	8. Utility	4. CFL
		5. LED
		6. Fluor.
		7. Halogen
		8. Incand.

Light Code Room Desc Room Location Lamp Type Quant. Size (watts) Usage (hr/day)

Light Code	Room Desc	Room Location	Lamp Type	Quant.	Size (watts)	Usage (hr/day)
LT01						
LT02						
LT03						
LT04						
LT05						
LT06						
LT07						
LT08						
LT09						
LT10						

Consumption

Label / Database Annual Consumption

kWhr/yr	Refrig Age	Door Seal Condition
<input type="text"/>	1. < 5 Yrs. 3. < 15 Yrs.	1. Good
	2. < 10 Yrs. 4. > 15 Yrs.	2. Some Wear
		3. Visible Gaps

Or

Metered Consumption

Minutes Defrost Manual Defrost
 Meter kWh Includes Defrost Cycle
 Temp F

Housing App#:

ClientID:

ClientName:

Day Phone:

Assessors:

Date:

HEALTH & SAFETY

Whole House

Carbon Monoxide Measurements

Alarms Needed

- Smoke Detector
- CO Monitor

Rm with Heating System (ppm)

Rm with Water Heater (ppm)

Living Area (ppm)

Kitchen (ppm)

Comments

Building Shell

Attic

- Recessed Lights Present
- Chimney/Flue Incorect Shielding
- Wiring/Electrical Problems
- Inadequate Ventilation
- Water Leaks Present
- Moisture Problems Evident
- Vermiculite Present
- Other Problems

Walls

- Wiring/Electrical Problems
- Water Leaks Present
- Moisture Problems Evident
- Lead Based Paint is Likely
- Asbestos in Siding is Likely
- Other Problems

Crawlspace / Basement

- Vapor Barrier Needed
- Wiring/Electrical Problems
- Water Leaks Present
- Plumbing Leaks Present
- Moisture Problems Evident
- Other Problems

Equipment

Worse Case Condition Draft Measurements - SPACE HEATING SYSTEM

Date	Conducted During		SysCode	Outdoor Temp (F)	Draft (Pa or in H2O)	Spillage Time(sec)	Comments
	Audit	Inspection					
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	HS0__	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	HS0__	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	HS0__	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Worse Case Condition Draft Measurements - WATER HEATING SYSTEM

Date	Conducted During		SysCode	Outdoor Temp (F)	Draft (Pa or in H2O)	Spillage Time(sec)	Comments
	Audit	Inspection					
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	WHO__	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="radio"/>	<input type="radio"/>	WHO__	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Cook Stove CO Measurements

CO Measurement Oven (ppm)

CO Measurement Burner 1 (ppm)

CO Measurement Burner 2 (ppm)

CO Measurement Burner 3 (ppm)

CO Measurement Burner 4 (ppm)

Gas Leak Present

Exhaust Fans

Bathrooms

- Missing
- Non Operational
- Improper Venting

OPENABLE WINDOW__

Kitchen

- Missing
- Non Operational
- Improper Venting

OPENABLE WINDOW__

Wood Stove / Fireplace

- Wood Stove / Fireplace is Present
- Improper Venting
- Inadequate Combustion Air

Clothes Dryer

- Improper Venting

Air-to-Air Heat Exchanger

- Exist
- Non Operational

Housing App#:
ClientName:

Include the locations of; Heaters, A/C Units, Water Heaters, Attic Hatches, and Vents

- Shielded - closely surrounded by other buildings Normal - surrounded by trees / other bldgs Exposed

