WEATHERIZATION PROGRAM

HOME ENERGY ASSESSMENT CHECKLIST

CUSTOMER NAME: _____ **PHONE #:**_____

ADDRESS: _____

DIRECTIONS: _____

_____

JOB NUMBER: _____ ☐ **SINGLE FAMILY HOME** ☐ **MOBILE HOME** **# of People** _____

ASSESSMENT DATE: _____ **Square Footage** _____ **Ceiling Height** _____ **Volume** _____

ASSESSOR: _____ **Outdoor Temp Pre**_____ **Post** _____ **Wind Conditons Pre**_____ **Post**_____

ANNUAL FUEL COSTS. $_____ **Blower Door CFM50 BTL**_____ **Target**_____ **PRE**_____ **POST**_____

Smoke Detectors: ☐Yes ☐No Location_____ Test OK? _____ Unit Needed? ☐Yes ☐No
CO Detectors: ☐Yes ☐No Location _____ Test OK? _____ Unit Needed? ☐Yes ☐No

Appliances	**Fuel Type**	Pass	Repair	Replace	Remove	**ACTIONS/NOTES**
Water Heater	☐Electricty ☐Natural Gas ☐Liquid Propane					
Cook Stove	☐Electricity ☐Natural Gas ☐Liquid Propane					

Heating Systems	***Fuel Type**	****Unit Type**	Pass	Repair	Replace	Remove	**ACTIONS/NOTES**
Primary Unit	NG LP W E K O	FA G B VSH UVSH					
Secondary Unit # 1	NG LP W E K O	FA G B VSH UVSH					
Secondary Unit # 2	NG LP W E K O	FA G B VSH UVSH					
Secondary Unit # 3	NG LP W E K O	FA G B VSH UVSH					

* Fuel Type	** Unit Type
NG = Natural Gas	FA = Forced Air
LP = Propane	G = Gravity
W = Wood	B = Boiler
E = Electricty	VSH = Space Heater
K = Kerosene	UVSH = Unvented Space Heater
O =Oil	

Pre-WX Issues to be Addressed/Mitigated:

Weatherization Measures Summary

Air Sealing		Insulating		Health and Safety		Other	
Attic Bypass	___	Attic	___	Lead Paint	___	Compact Fluorescent Bulbs	___
Kneewall Bypass	___	Sidewall	___	Mold/Moisture	___	Adjust Water Heater Temp.	___
Crawlspace Bypass	___	Kneewall	___	Asbestos	___	Pop Off Valve	___
Return Chase	___	Floor	___	Electrical	___	Belly Repair	___
Ducts	___	Belly	___	Carbon Monoxide	___	Vapor Barrier	___
Weatherstrip (W/S)	___	Ducts	___	Gas Leak(s)	___	Minor Roof Repair	___
Door Shoe (D/S)	___	Water Heater	___	Builidng Structure	___	Roof Coat	___
Caulking	___	Water Pipes	___	Biological	___	Refrigerator	___
Window/Door Repair	___	Other _____	___	Refrigerant Issues	___	Smart Thermostat	___
Glass Replacement	___			Other _____	___	Furnace Filters	___
Other _____	___					Other _____	___

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HOUSE FOOTPRINT

WINDOWS

#	Pass/Fail	*Type	Size	Location	Glass	Lock	Clips	#	Pass/Fail	*Type	Size	Location	Glass	Lock	Clips
1								11							
2								12							
3								13							
4								14							
5								15							
6								16							
7								17							
8								18							
9								19							
10								20							

* Type
SP = Single Pane
DP = Double Pane
JA = Jalousie
CO = Crank Out

Comments:

DOORS		Type	Storm	Size	W/S	D/S	Lock	Hinges	Glass
1	Front Door								
2	Back Door								
3									
4									
5									
6	Kneewall Doors								
7	Basement / Crawlspace								

Door Table Symbols
NE = Nonexistent
IN = Inaccessible
X = Address It
✓ = OK

Comments:

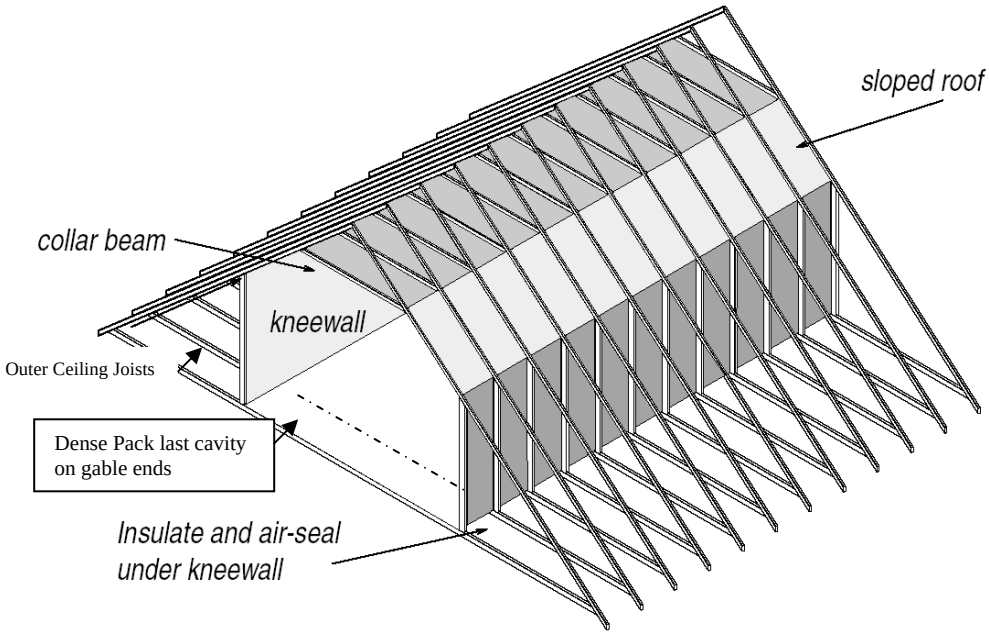
General Shell Air Infiltration:

BASEMENT / CRAWLSPACE	SECTION 1	SECTION 2
Location		
Conditioned / Unconditioned	Cond Uncond	Cond Uncond
Type of Foundation	Basement Crawl Slab Piers	Basement Crawl Slab Piers
Type of Sub floor	Plywood T&G Plank	Plywood T&G Plank
Total Square Footage of Floor		
Liner Feet of Perimeter		
Avg Wall Height above Grade		
Vapor Barrier Existing?	Yes No	Yes No
Open Exterior Wall Bottoms?	Yes No	Yes No
Open Interior Wall Bottoms?	Yes No	Yes No
Wire Penetrations?	Yes No	Yes No
Plumbing Chases?	Yes No	Yes No
HVAC Chases? (Chimney, Ducts)	Yes No	Yes No
Floor Joist Size 2 x ___?	6 8 10 12	6 8 10 12
Existing Floor Insulation?	Yes No	Yes No
R-Value Existing	6 11 13 19	6 11 13 19
Floor Insulation Needed?	Yes No	Yes No
R-Value Needed	R-19	R-19
Does Band Joist Need Sealing?	Yes No	Yes No
Does Band Joist Need Insulation?	Yes No	Yes No
Is Perimeter Insulation Needed?	Yes No	Yes No
Stairwell Insulation Needed?	Yes No	Yes No
Exposed Water Lines Wrapped?	Yes No _____ft	Yes No _____ft

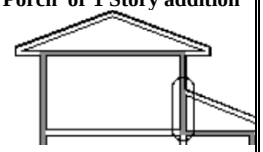
MOBILE HOME BELLY

BELLYBOARD	SECTION 1	SECTION 2
Repairs Needed?	Yes No	Yes No
Direction of Joists	Longways Crossways	Longways Crossways
Joist Size	2 X 4 2 X 6	2 X 4 2 X 6
Vapor Barrier Present?	Yes No	Yes No
Exposed Water Lines Wrapped?	Yes No _____ft	Yes No _____ft
Plumbing Leaks?	Yes No	Yes No
Floor Square Footage	SQ FT	SQ FT
Total Bags Insulation Needed	Bags	Bags

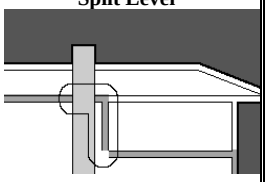
Comments:



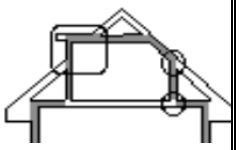
Porch or 1 Story addition



Split Level



Dormers with shed roof



SIDEWALLS	SECTION 1	SECTION 2
Existing Insulation ?	**R-_____**	**R-_____**
Knob and Tube Wiring ?	**Yes No**	**Yes No**
Do Walls Have Cavities ?	**Yes No**	**Yes No**
Is Support / Wall Prep Needed ?	**Yes No**	**Yes No**
Moisture Problems ?	**Yes No**	**Yes No**
Can Sidewalls Be Blown ?	**Yes *No**	**Yes *No**
Type of Interior Walls		
Type of Exterior Veneer		
Type of Framing	**Balloon Stick Block**	**Balloon Stick Block**
Width of Cavity	**24" 16" Other_____**	**24" 16" Other_____**
Depth of Cavity	**2 X 4 2 X 6 Other_____**	**2 X 4 2 X 6 Other_____**
- Total Exterior Wall Surface	SQ FT	SQ FT
- Less Windows/Doors or 10%	SQ FT	SQ FT
New Wall Surface Square Feet	**SQ FT**	**SQ FT**
Insulation Bags Needed ?	**Bags**	**Bags**

*** Justification Required:**_____

_____

Comments:

Attic Weatherization	Attic 1	Attic 2	Attic 3	Kneewall Attic			
				Collar Beam	Slopes	Knee Wall	Outer Ceiling Joists
Insulation *(Bags Needed)*							
Dimensions							
Attic Square Footage							
Existing Insulation Type							
Existing R-Value							
Added Type							
Post WX R-Value							
Condition of Attic	**Attic 1**	**Attic 2**	**Attic 3**	**CB**	**Slopes**	**KW**	**OCJ**
Water Leaks ?							
Recessed Light(s) ?							
Chimney / Vent Shielding							
Condition of Wiring							
Attic Access							
By-Passes	**Attic 1**	**Attic 2**	**Attic 3**	**CB**	**Slopes**	**KW**	**OCJ**
Open Exterior Wall Tops							
Open Interior Wall Tops							
Wiring Penetrations							
Plumbing Chases							
HVAC Chases							
Stairwell Drop							
Closet Drop							
Soffit Drop							
Kneewall Floor Bottom							
Size Kneewall Floor Bottom							
Ventilation	**Attic 1**	**Attic 2**	**Attic 3**	**CB**	**Slopes**	**KW**	**OCJ**
***NFVA Sq. Inches(“) Needed = (Sq' x.24)**							
Sq" Existing Exhaust (High)							
Sq" Needed Exhaust (High)							
Total NFVA Exhaust Sq"							
Sq" Existing Intake (Low)							
Sq" Needed Intake (Low)							
Total NFVA Intake Sq"							

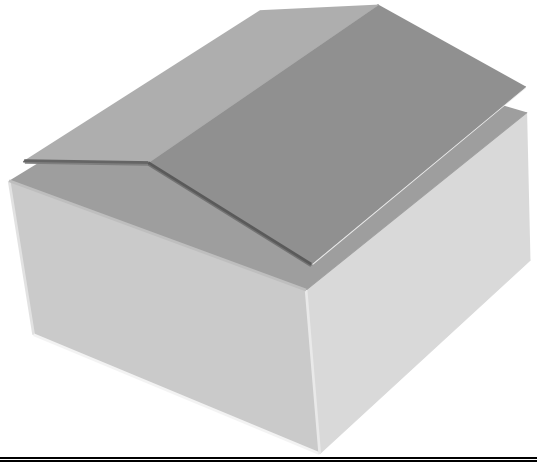
Comments:

*** NFVA** = **N**et **F**ree **V**entilation **A**ir

MOBILE HOME ATTIC INSULATION

Total Bags Needed			
Catheradal Sq Ft		**Type of Roof**	Shingle Metal Other
Flat Square Footage		**Slope of Roof**	A-Frame Bow-truss
Total Square Footage		**Roof Blowing Access**	Side Top Gable
Peak Height		**Gutter Length**	
Existing Insulation Type		**Roof Coating**	
Existing R-Value		**Peel and Seal**	
Added Insulation Type		**Plumbing Vent Caps**	
Post WX R-Value			

Comments:



ELECTRICAL PANEL INFORMATION

Electric Box	Manufacturer	Size Box	Cover	Type	Location
Main		Amp	☐Y ☐N	Breaker Fuses	
Sub Panel		Amp	☐Y ☐N	Breaker Fuses	
Comments:					

	EXHAUST VENTS	Operational?	Vented to the Outside?	CFM	COMMENTS:
1	**Dryer Vent**	☐Y ☐N ☐None	☐Yes ☐No		
2	**Kitchen Exhaust**	☐Y ☐N ☐None	☐Yes ☐No		
3	**Bathroom Exhaust**	☐Y ☐N ☐None	☐Yes ☐No		
4	**Other _____**	☐Y ☐N ☐None	☐Yes ☐No		

	GAS STOVE INSPECTION		STOVE PART (Carbon Monoxide)	PRE (ppm) CO	PRE (ppm) AF	POST (ppm) CO	POST (ppm) AF	COMMENTS:
1	**Gas Stove Present**	☐Y ☐N	Oven					
2	**Gas Leak**	☐Y ☐N	Front Left					
3	**If so, Location of Leak**		Front Right					
4	**Type of Fuel**	☐NG ☐LP	Rear Left					
5	**Make of Stove**		Rear Right					

Vented Range Hood Present? ☐YES ☐NO

Flex Connector Type: Stainless Steel ___ Epoxy Coated___ Hard Piped___ Copper ___ *Brass ___ *** Must replace**

FUEL SUPPLY	Location	Stand	Legs	Cap Block	Vent Cap	Fill Cap	2 Line Cap	Gauge	Oil Line	Cut Off

Leak? ☐YES ☐NO IF Yes, Location(s)

If Oil tank is located inside, is vent cap run to outdoors? Yes No Is fill cap run to outdoors? Yes No

UNVENTED SPACE HEATERS

1	**Make** _____ **Model #** _____ **BTU Input** _____ ***ODS Present?** Y N **Ventable?** Y N **CO**___ ppm ☐Primary ☐Secondary **Gas Shutoff?** Y N **Gas Leak?** Y N **IF Yes, Location** _____
2	**Make** _____ **Model #** _____ **BTU Input** _____ ***ODS Present?** Y N **Ventable?** Y N **CO**___ ppm ☐Primary ☐Secondary **Gas Shutoff?** Y N **Gas Leak?** Y N **IF Yes, Location** _____
Comments:	

***ODS** = **O**xygen **D**epletion **S**witch

WATER HEATER INSPECTION

UNIT Description

1	Location_____ Type of Fuel Natural Gas Propane Electric		
2	Make _____ Model _____ Serial Number_____		
3	Rated BTU Input _____ Size _____Gallons Measured Water Temperature _____ Degrees Fahrenheit		
4	Gas Leaks ? ☐ Yes ☐ No If Yes, Location of Leak _____		
5	If Natural Gas, Clock Meter. Dial _____cu ft _____sec = _____ BTU Is this within 10% of Rated BTU? Yes No		
6	Can Water Heater be Insulated ? ☐Yes ☐No Can Insulate First 6 feet of Hot Water Line? ☐Yes ☐No Can Insulate First 6 feet of Cold Water Line? ☐Yes ☐No	Is Pressure Relief Piping Needed? ☐Yes ☐No Is there evidence of Flame Roll out? ☐Yes ☐No Is Pilot Light Safety Shutoff OK? ☐Yes ☐No	
7	**Is Main Vent / Chimney O.K. ? (circle any problems below)**		Yes No N/A
	Type, Location, Clearance, Height, Size, Cap, Liner, Mortar, Flashing, Unused flue holes, Thimble, Clean out, Other _____ **Chimney Type** _____ **Chimney Size** _____inches **Chimney Height** _____feet **Liner** Existing Needed N/A **Type**_____ **Liner Size** _____inches **Liner Height** _____feet		
8	**Is Vent Connector from Heating System to Chimney O.K. ? (circle any problems below)**		Yes No N/A
	Proper type pipe, Connected properly, Leaky or Corroded, Not ¼" Rise per Ft, Excessive elbows, Clearance Other_____ **Vent Connector Type** _____ **Vent Connector Size** _____inches **Vent Connector Run** _____feet		
9	Is this Unit Sealed Combustion / Direct Vent ? *(Unit gets Combustion Air from Outdoors)*		Yes No N/A
10	Is Combustion Air OK? *(More than 50 cubic ft per 1000BTU's or Volume More than BTU's / 20)*		Yes No N/A
11	If No, How Many SQ Inches Needed? And From Where _____		SQ"

	Diagnostic Inspection	**PRE TESTS**			**POST TESTS**		
12	CAZ Worst Case WRT Outside	**Complete CAZ Sheet** then recreate worst case		PA	**Complete CAZ Sheet** then recreate worst case		PA
13	Draft (Worst Case)	Wc		PA	Wc		PA
14	CO Living Area			PPM			PPM
15	CO Flue Gases <100ppm			PPM			PPM
16	CO Flue Gases (Air Free) <400ppm			PPM			PPM
17	Stack Temperature (each port)			Deg F			Deg F
18	Oxygen Percentage (each port)			O2%			O2%
19	Efficiency Percentage (each port)			Eff%			Eff%

20	**Pass**	**Fail**	**If Fail, Why?** _____ **Repair or Replace with**_____

COMMENTS:

PRIMARY HEATING UNIT SAFETY INSPECTION

UNIT Description

1	Location_____ **Type of Fuel** NG LP W E K O **Type of Unit** FA Gravity Boiler Space Heater			
2	Make _____ Model _____ Serial Number_____			
3	Rated BTU Input _____ Rated BTU Output_____ IF Natural Gas (Clock Meter) within 10% Yes No			
4	Thermostat Location_____ Mercury? Yes No Temp Day_____ Night____ Install Smart Tstat?_____			
5	Gas Leaks? Yes No If Yes, Location of Leak_____			
6	Visual Inspection of Wiring and Safety Controls OK? Yes No If No List Problem(s)_____			
7	Filter Location _____ Type _____ Missing ___ Clean ___ Dirty ___ Cleaned and Replaced____ Filter Size _____ X _____ Qty _____ Does Blower Need Cleaning? Yes No Noisy? Yes No			
8	**Is Main Vent / Chimney O.K. ? (circle any problems below)**	Y	N	
	Type, Location, Clearance, Height, Size, Cap, Liner, Mortar, Flashing, Unused flue holes, Thimble, Clean out, Other _____ **Chimney Type** _____ **Chimney Size** _____inches **Chimney Height** _____feet **Liner** Existing Needed N/A **Type**_____ **Liner Size** _____inches **Liner Height** _____feet			
9	**Is Vent Connector from Heating System to Chimney O.K. ? (Circle any problems below)**	Y	N	N/A
	Proper type pipe, Connected properly, Leaky or Corroded, ¼" Rise per Ft, Excessive elbows, Clearance Other_____ **Vent Connector Type** _____ **Vent Connector Size** _____inches **Vent Connector Run** _____feet			
10	Is Clearance from Heating Unit to Combustibles OK? (Ceiling, Walls, Floors)	Y	N	
11	Is Heat Exchanger O.K.?	Y	N	
12	Is this Unit Sealed Combustion ? *(Unit gets Combustion Air from Outdoors)*	Y	N	
13	Is Combustion Air OK? *(More than 50 cubic ft per 1000BTU's or Volume More than BTU's / 20)*	Y	N	
14	If No, How Many SQ Inches Needed? And From Where _____	SQ"		

Diagnostic Inspection		**PRE TESTS**	**POST TESTS**
15	CAZ Worst Case WRT Outside	**Complete CAZ Sheet on Last Page** then recreate worst case PA	**Complete CAZ Sheet on Last Page** then recreate worst case PA
16	Draft Inducer and Pressure Switch	☐Yes ☐No Switchpass ☐Yes ☐No	☐Yes ☐No Switchpass ☐Yes ☐No
17	Draft (Worst Case)	Wc PA	Wc PA
18	CO Living Area	PPM	PPM
19	CO Flue Gases <100ppm	PPM	PPM
20	CO Flue Gases (Air Free) <400ppm	PPM	PPM
21	Stack Temperature (each port)	Deg F	Deg F
22	Oxygen Percentage (each port)	O2%	O2%
23	Efficiency Percentage (each port)	Eff%	Eff%
24	Heat Rise (Supp-Return Temp) deg F	Supply ____ Return _____ Rise _____	Supply ____ Return _____ Rise _____

25 **Pass** **Fail** **If Fail, Why?** _____ **Repair or Replace with**_____

Comments:

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SECONDARY HEATING UNIT SAFETY INSPECTION

UNIT Description

1	Location_____ **Type of Fuel** NG LP W E K O **Type of Unit** FA Gravity Boiler Space Heater			
2	Make _____ Model _____ Serial Number_____			
3	Rated BTU Input _____ Rated BTU Output_____ IF Natural Gas (Clock Meter) within 10% Yes No			
4	Thermostat Location_____ Mercury? Yes No Temp Day_____ Night____ Install Smart Tstat?_____			
5	Gas Leaks? Yes No If Yes, Location of Leak_____			
6	Visual Inspection of Wiring and Safety Controls OK? Yes No If No List Problem(s)_____			
7	Filter Location _____ Type _____ Missing ___ Clean ___ Dirty ___ Cleaned and Replaced____ Filter Size _____ X _____ Qty _____ Does Blower Need Cleaning? Yes No Noisy? Yes No			
8	**Is Main Vent / Chimney O.K. ? (circle any problems below)**	Y	N	
	Type, Location, Clearance, Height, Size, Cap, Liner, Mortar, Flashing, Unused flue holes, Thimble, Clean out, Other _____ **Chimney Type** _____ **Chimney Size** _____inches **Chimney Height** _____feet **Liner** Existing Needed N/A **Type**_____ **Liner Size** _____inches **Liner Height** _____feet			
9	**Is Vent Connector from Heating System to Chimney O.K. ? (Circle any problems below)**	Y	N	N/A
	Proper type pipe, Connected properly, Leaky or Corroded, ¼" Rise per Ft, Excessive elbows, Clearance Other_____ **Vent Connector Type** _____ **Vent Connector Size** _____inches **Vent Connector Run** _____feet			
10	Is Clearance from Heating Unit to Combustibles OK? (Ceiling, Walls, Floors)	Y	N	
11	Is Heat Exchanger O.K.?	Y	N	
12	Is this Unit Sealed Combustion ? *(Unit gets Combustion Air from Outdoors)*	Y	N	
13	Is Combustion Air OK? *(More than 50 cubic ft per 1000BTU's or Volume More than BTU's / 20)*	Y	N	
14	If No, How Many SQ Inches Needed? And From Where _____	SQ"		

Diagnostic Inspection		**PRE TESTS**	**POST TESTS**
15	CAZ Worst Case WRT Outside	**Complete CAZ Sheet on Last Page** then recreate worst case PA	**Complete CAZ Sheet on Last Page** then recreate worst case PA
16	Draft Inducer and Pressure Switch	☐Yes ☐No Switchpass ☐Yes ☐No	☐Yes ☐No Switchpass ☐Yes ☐No
17	Draft (Worst Case)	Wc PA	Wc PA
18	CO Living Area	PPM	PPM
19	CO Flue Gases <100ppm	PPM	PPM
20	CO Flue Gases (Air Free) <400ppm	PPM	PPM
21	Stack Temperature (each port)	Deg F	Deg F
22	Oxygen Percentage (each port)	O2%	O2%
23	Efficiency Percentage (each port)	Eff%	Eff%
24	Heat Rise (Supp-Return Temp) deg F	Supply ____ Return _____ Rise _____	Supply ____ Return _____ Rise _____

25 **Pass** **Fail** **If Fail, Why?** _____ **Repair or Replace with**_____

Comments:

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Fireplace(s)	Vented Fireplace? ☐Yes ☐No	Location _____	How often used? _____
Damper? Open Closed None	**Operable?** ☐Yes ☐No	**Sealed off if not Used?** ☐Yes ☐No	
Comments:			

WINDOW AIR CONDITIONER(S)

#	Location	Name	BTU	EER	Perm	Cover	Filter	Coils
1								
2								
3								
4								

Comments:

HEAT PUMP / CENTRAL AIR CONDITIONING

Outdoor Location	Make	Model #	Serial #	SEER	Electrical Disconnect?	Suction Line Insulation?	Coil
					☐Y ☐N	☐Y ☐N	
Indoor Location	**Make**	**Model #**	**Serial #**	**KW**		**BTU Input**	**Coil**
				x 3412 =			

Thermostat Location _____ Mercury? ☐Yes ☐No Client's Normal Temp Day _____ Temp Night ____

Filter Location _____ Type _____ Not installed ___ Clean? ___ Dirty? ___ Cleaned and Replaced? _____

Filter Size _____ X _____ Qty _____ Does Blower Need Cleaning? ☐Yes ☐No Is Blower Noisy? ☐Yes ☐No

Comments:

DUCTS / HEATING PIPES

Duct Location	Cond/ Uncond	Boots	Registers	Supp Duct	Ret Duct	Supp Plen	Ret Plen	Cross over	Duct Wrap	Feet Insul

Type Ductwork: Sheet Metal Flex Duct Ductboard Other _____

Type Duct System: Trunkline Spider Base Other _____

Comments:

Return Grille and Duct Sizing

Return Grill		Return Duct				Supply Duct			
Filter Grill = 1 Sq Ft per 200cfm **Non Filter Grill = 1 Sq Ft per 300cfm**		**Heating = 2Sq" Per 1000 Btu Input** **Cooling = 6 sq" per 1000 Btu Input**				**Heating = 2Sq" Per 1000 Btu Input** **Cooling = 6 sq" per 1000 Btu Input**			
Needed Sq Foot ____ or Sq In____		Sq"Inches Needed _____				Sq"Inches Needed _____			
Location	Size	Size	Sq"	Qty	Total	Size	Sq"	Qty	Total

Supply Size ____in. OK? ☐Yes ☐No Return Size____ in. OK? ☐Yes ☐No | Replace return grill with Filter Grill? ☐Yes ☐No

Comments:

***** Heating = 400cfm per 25,000 Btu output ***Cooling = 400 cfm per 12,000 Btu (TON)**

Duct Leakage Total	RING PA	**Cfm@ 25PA**
Duct Leakage Outside	RING PA	**Cfm@ 25PA**

External Static Pressure _____w.c." Total Air Flow CFM _____ Temp/ Drop _____

Comments:

BASELOAD MEASURES

Refrigerator Assessment and Replacement

Brand Name	Model #	Type	Total Cubic Feet	Door Hinge	Dimension	*Narrowest Sized Home Door	Metering kWh
		Side by Side Top Freezer Bottom Freezer		Left Right	Width ___ Depth ___ Height __	_____ inches	kWh: _____ Duration:_____min Peak Watts: _____

Secondary Refrigerators / Freezers

Refrigerators # _____ Freezers # _____

Homeowner willing to discontinue use of any of the above if larger Refrigerator / Freezer Combination is installed? ☐YES ☐NO

kWh x 8760 x 1.08 =_____kWh per year
Duration/60

*What is the Narrowest Sized Door Opening that new refrigerator must pass through in order to install?

Comments:

Lighting Assessment and Replacement

	Room	Existing Incandescent Wattage	Replacement CFL Wattage	Type Fixture	Type Bulb Needed	Incandescent Watts	CFL Watts	Lumens
1				Tbl Flr Ceil Wall	Quad Spiral Circ Trch	25		**232**
2				Tbl Flr Ceil Wall	Quad Spiral Circ Trch		5	**250**
3				Tbl Flr Ceil Wall	Quad Spiral Circ Trch		7	**400**
4				Tbl Flr Ceil Wall	Quad Spiral Circ Trch	40		**480**
5				Tbl Flr Ceil Wall	Quad Spiral Circ Trch		9	**600**
6				Tbl Flr Ceil Wall	Quad Spiral Circ Trch	60		**890**
7				Tbl Flr Ceil Wall	Quad Spiral Circ Trch		13	**900**
8				Tbl Flr Ceil Wall	Quad Spiral Circ Trch		18	**1100**
9				Tbl Flr Ceil Wall	Quad Spiral Circ Trch	75		**1220**
10				Tbl Flr Ceil Wall	Quad Spiral Circ Trch	100		**1750**
							26	**1800**

Comments:

Water Assessment and Replacement

Aerators ?_____ Low Flow Showerheads ? _____

Comments:

Building Tightnes Limit (BTL) and Blower Door Target

BTL	____People X 15	___Bedrooms +1 X 15	Volume _____ x .35/60	Hightest cfm natural x "n" factor_____= **BTL**
	cfm nat	cfm nat	cfm nat	**BTL CFM50**
TARGET CFM50 is from Target sheet with Pre Test and Volume or Field Guide.				**TARGET CFM50**

If CFM50 is below BTL at PRE or POST TEST Mechanical Ventilation is Recommended.

BLOWER DOOR DIAGNOSTICS **(These test are done with the Blower Door at -50)**

	LOCATION	CONFIGURATION	Baseline	Pascals	CFM
PRE		☐Open ☐Ring A ☐Ring B			
POST		☐Open ☐Ring A ☐Ring B			
Comments:					

Zonal Pressures (Test WRT House and WRT Outdoors)

Zone Tested	Before		After		Zone Tested	Before		After	
	WRT House	WRT Outside	WRT House	WRT Outside		WRT House	WRT Outside	WRT House	WRT Outside
Attic 1					**Crawlspace**				
Attic 2					**Bellyboard**				
Cavity b/w 1 & 2 Floor					**Other:_____**				
Other:_____					**Other:_____**				
Comments:									

Pressure Pan Test (Duct WRT House)

Before After

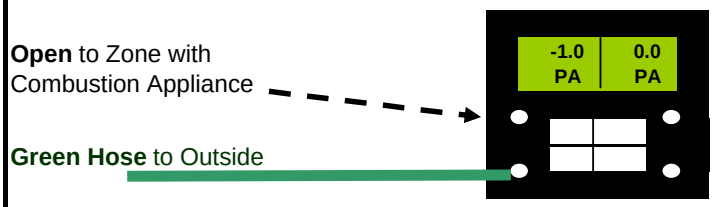
House WRT Duct Location ____/_____ PA

	Location	Before	After		Location	Before	After		Location	Before	After
1				**8**				**15**			
2				**9**				**16**			
3				**10**				**17**			
4				**11**				**18**			
5				**12**				**19**			
6				**13**				**20**	**RETURN**		
7				**14**							

Comments:

Pressure Pan Multipliers	
50 = 1.0	25 = 2.0
45 = 1.1	20 = 2.5
40 = 1.25	15 = 3.5
35 = 1.42	10 = 5.0
30 = 1.66	5 = 10.0

Combustion Appliance Zone (CAZ) Testing



Use this setup when you **ARE** located in the Combustion Appliance Zone

Use this setup when you **ARE NOT** located in the Combustion Appliance Zone

a. VISUALLY INSPECT VENTING (of each Combustion Appliance)
b. TURN OFF ALL COMBUSTION APPLIANCES.
c. CLOSE ALL OPERABLE VENTS AND DAMPERS.
d. CHECK DRYER VENT and LINT FILTER
e. CHECK FURNACE FILTER (clean or replace if needed)
f. OPEN ALL INTERIOR DOORS.

NOTE: IF BLOWER DOOR IS SET UP, BE SURE FAN IS COVERED.

1. Setup Manometer and Pressure hoses to measure CAZ (WRT) Outdoors
2. Take Baseline Pressure & Subtract it Manually from All Readings if Manometer doesn't have baseline function. _____ Pa
3. Turn on all exhaust fans (do not turn on whole-house fans).
4. Close all interior doors to rooms that do not have exhaust fans.
5. If the house has a fireplace that the client uses, turn on the blower door to 300 CFM with Ring B to simulate.

		Appliance 1		Appliance 2		Appliance 3	
		Pre	Post	Pre	Post	Pre	Post
6.	Open door, if present, between CAZ and Main Body of house. Record reading.	Pa	Pa	Pa	Pa	Pa	Pa
7.	Close door between CAZ and Main Body of house. Record reading. (*If no door, skip to Step number 8)*	Pa	Pa	Pa	Pa	Pa	Pa
8.	Turn on Furnace Blower. Check position of interior doors with smoke puffer for worst case. If the smoke blows towards the CAZ, leave the door shut.	Pa	Pa	Pa	Pa	Pa	Pa
9.	Open door between CAZ and Main Body of house. Record reading. (*If no door, skip step*)	Pa	Pa	Pa	Pa	Pa	Pa

10. Recreate Worst Case Conditions for each CAZ (Complete this and following steps on each Heating Inspection form)
11. Perform Worst Case Draft and Combustion Tests for each appliance under this worst case condition

* **If Ambient CO gets above 35 ppm, discontinue testing and remove CAZ from worst case conditions.**
* **There should be no spillage after 1 minute of Worst Case and draft should be established after 5 minutes**

Dominant Duct Leakage Test (Main Body WRT outdoors) Baseline_____PA Dominant Duct _____PA

Pressure in Individual Rooms (Room WRT Main body)

Room		Bef	Int	PR	Aft	Room		Bef	Int	PR	Aft	Room		Bef	Int	PR	Aft
1.						4.						7.					
2.						5.						8.					
3.						6.						9.					