


Company
Logo

Home Performance Assessment
[Enter Company Name]



HOME
PERFORMANCE
WITH
ENERGY STAR

Customer Name: _____
Customer Address: _____
City, State, Zip: _____
Inspection Date: _____

Customer Phone Number (h): _____
Customer Phone Number (w): _____
Customer Email: _____
Home Performance Analyst: _____

How Did They Hear? Article Referral Web Search Radio Regional Program Nat'l Program Other: _____
Type of Home: Colonial Dutch Colonial Cape Split Level Duplex Town/Rowhouse: End Unit? Y N Other: _____
Foundation/Basement: Slab on Grade Basement: Conditioned / Unconditioned / Partially Conditioned Crawlspc: Vented / Unvented
Year Built/Age: _____ Roof Age/Cond: _____ / _____ Fireplace/Wood Stove: Yes No Pool Open/Close Dts: _____ / _____
Yrs in Home: _____ Siding Type/Cond: _____ / _____ Confirm no fires for HPA: Yes No Pool Pump Hrs/Day: _____
Occupants: _____ Heating Fuel: _____ DHW Fuel: _____ Pool Pump HP/Watts: _____
Additions: _____ Back-Up Elect Heat: Yes No Pool Htg Fuel: _____ Pool Area (L x W): _____
Top Homeowner Priorities / Concerns / Motivations
1. _____
2. _____

Energy Consumption History

Electric

Month	kWh	\$	Units	\$
Jan				
Feb				
Mar				
Apr				
May				
Jun				
Jul				
Aug				
Sep				
Oct				
Nov				
Dec				
Total				

Fossil

Customer Needs / Complaints

Interviewee:			Details
1. High Bills	Yes	No	
2. Drafts	Yes	No	
3. Hot/Cold Rooms	Yes	No	
4. Air Quality Problems	Yes	No	
5. Odors	Yes	No	
6. Moisture Issues	Yes	No	
7. Water Leaks	Yes	No	
8. Window Problems	Yes	No	
9. Door Problems	Yes	No	
10. Moisture Issues/Damage	Yes	No	
11. Excessive Dust	Yes	No	
12. _____	Yes	No	
13. _____	Yes	No	

Major Appliances

	Estar	Size	Age	Model Number/ Condition/ Usage
Refrigerator 1				
Refrigerator 2				
Freezer				
Dishwasher				
Washing Machine				
Dehumidifier				
Dryer	NA			
Cooking Range / Oven	NA			

Lighting

	# Bulbs	% CFL
High Use (>3 hrs/day)		
Other		

Room Air Conditioners

# of Units:	Age:
Estar: Yes No	EER (if known): _____

Dryer Fuel: _____ Vented Properly? Yes No

CO Detectors: _____ Per Floor: Yes No

Smoke Detectors: _____ Per Floor: Yes No

Thermostats: _____ Programmable? Yes No Heating Setpoint: _____ Cooling Setpoint: _____
Bathrooms: _____ # of Bath Fans: _____ Vented Properly? Yes No Low-Flow Showerheads?: Yes No

Building Info

Conditioned Sqft: _____ Outside Temp: _____ Knob & Tube Wiring?: Yes No
Avg Ceiling Hgt: _____ House Orientation: _____ Whole House Fan?: Yes No
Number Stories: _____ Roof Vent Type(s): _____ Unvented Space Htrs/Fireplaces?: Yes No
Volume Cond Space: _____ Roof Vents Are: OK Inadequate Balloon Framing?: Yes No
Moisture/Other Issues: _____

Attic Insulation

Attic Flats and Slopes	R-Val	Insulation Type	Insulation Amount	Cav Size (e.g. 2x6)	Open or Enclosed	Surface Area (sqft.)	# Rec. Cans	Attic Access	Attic Fan	Notes
				2 x	Open Encl					
				2 x	Open Encl					
				2 x	Open Encl					
				2 x	Open Encl					
				2 x	Open Encl					

Attic Kneewall/Vertical	R-Value	Insulation Type	Insulation Amount	Cav. Size (e.g. 2x4)	Surface Area (sqft.)	Notes
				2 x		
				2 x		
				2 x		
				2 x		

Customer Name: _____ [Company Name Here] Inspection Date: _____

Wall Insulation	R-Value		Insulation Type		Insulation Amount		Cav. Size (e.g. 2x4)		Surface Area (sqft.)		Notes																																							
							2 x																																											
							2 x																																											
							2 x																																											
							2 x																																											
Basement/Crawl Insul.	Basement Walls & Sill Plate		Conditioned?		Insulation Location		R-Value		Wall Height		Depth Bel. Grd.		Sqft or Linear Ft		Notes																																			
			Yes No																																															
			Yes No																																															
	Sill Plate		Yes No																																															
Windows/Doors	Windows (Select typical size)										Exterior Doors																																							
	Orientation		Qty.		Panels		Storms?		Frame		Condition		Typ Size		%Wall		Location		Type		Condition		Insulated		Air Seal Needed																									
					1 2 3		Yes No		W V M		Gd Fair Pr		x						Wd Mtl		Gd Fair Pr		Yes No		WX Sweep Clk																									
					1 2 3		Yes No		W V M		Gd Fair Pr		x								Wd Mtl		Gd Fair Pr		Yes No		WX Sweep Clk																							
					1 2 3		Yes No		W V M		Gd Fair Pr		x								Wd Mtl		Gd Fair Pr		Yes No		WX Sweep Clk																							
Air Leakage	Blower Door Test: _____ CFM50 / ACH (circle one)										Ventilation Standard: _____ CFM50 / ACH (circle one)										Excess Air Leakage: _____ CFM50 / ACH (circle one)																													
	Air Leakage Locations (check all that apply)																																																	
	Attic Wire/Pipe Penetrations				Recessed Lights				Crawlspace				Porch Roof				Notes: _____																																	
	Kneewalls / Attic Stairs				Chimney / Flues				Windows				Garage Wall																																					
	Pocket Doors / Attic Access				Basement Penetrations				Cantilevers				Garage Ceil																																					
Heating and Cooling Systems	Heating System 1										Heating System 2										Cooling System 1										Cooling System 2																			
	Brand: _____										Brand: _____										Brand: _____										Brand: _____																			
	Type (Furnace, Boiler, HP): _____										Type (AC, HP): _____										Type (AC, HP): _____										Type (AC, HP): _____																			
	Fuel: _____										Fuel: _____										Model #: _____										Model #: _____																			
	Model #: _____										Model #: _____										Tonnage: _____										Tonnage: _____																			
Combustion Related Tests	Heating System 1:										Heating System 2:										DHW System:										Other:																			
	Flue Gas CO ppm		Natural Draft		Worst Case Draft		Natural Spillage		Worst Case Spillage										Fuel		CO ppm		Vent Out?																											
			pa		Pass Fail		Pass Fail		Pass Fail										Oven 1:		Yes No																													
			pa		Pass Fail		Pass Fail		Pass Fail										Oven 2:		Yes No																													
			pa		Pass Fail		Pass Fail		Pass Fail										Ambient CO 1:		Kitchen Main Living Other																													
DHW	Location: Conditioned Bsmt / Utility Room / Closet										Unconditioned Basement / Utility Room										Garage										Crawlspace										Other: _____									
	Type: _____										Age/Condition: _____										Model #: _____										Tank Wrapped?: Yes No																			
	Gallons: _____										Output BTU: _____										Temp Setting: _____										Press. Relief Valve? Yes No																			
	Fuel: _____										Efficiency (EF): _____										Flue Issues: _____																													
Distribution System and Notes	% Ducts in Uncond Attic: _____										Duct Leakage Test (optional): Duct Blast BD Subtract Delta Q Press Pan																																							
	% Ducts in Uncond Bsmt/Crawl: _____										Duct Test Result (use note field for press pan): _____																																							
	Duct / Pipe Insulation: R - _____										Airflow Test Result (optional): _____																																							
	Visual Leakage: Low Med High																																																	
	Notes Field: _____																																																	
																				Pressure Pan Test (Duct WRT House)																														
																				House WRT Duct Location: _____ pa																														
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