


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?

Type of Home:

Foundation/Basement:

Year Built/Age:

Yrs in Home:

# Occupants:

Additions:

Article

Referral

Web Search

Radio

Regional Program

Nat'l Program

Other:

Colonial

Dutch Colonial

Cape

Split Level

Duplex

Town/Rowhouse:

End Unit?

Y

N

Other:

Slab on Grade

Basement:

Conditioned

/

Unconditioned

/

Partially Conditioned

Crawlspace:

Vented

/

Unvented

Roof Age/Cond:

/

Fireplace/Wood Stove:

Yes

No

Pool Open/Close Dts:

/

Siding Type/Cond:

/

Confirm no fires for HPA:

Yes

No

Pool Pump Hrs/Day:

Heating Fuel:

DHW Fuel:

Pool Pump HP/Watts:

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

Fossil

Month

kWh

\$

Units

\$

Jan

Feb

Mar

Apr

May

Jun

Jul

Aug

Sep

Oct

Nov

Dec

Total

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

Cooking Range / Oven

NA

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:

Avg Ceiling Hgt:

Number Stories:

Volume Cond Space:

Moisture/Other Issues:

Outside Temp:

House Orientation:

Roof Vent Type(s):

Roof Vents Are:

OK

Inadequate

Knob & Tube Wiring?:

Yes

No

Whole House Fan?:

Yes

No

Unvented Space Htrs/Fireplaces?:

Yes

No

Balloon Framing?:

Yes

No

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 Crawlspc										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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																				2 _____ 11 _____																				
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