



Home Performance Assessment Summary Report

Smith Home Performance Contracting

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Customer Name: _____

Customer Phone Number (h): _____

Customer Address: _____

Customer Phone Number (w): _____

City, State, Zip: _____

Customer Email: _____

Inspection Date: _____

Home Performance Analyst: _____

Your Home Performance Assessment identifies opportunities to improve the performance of your home based on our analysis.
This report summarizes the findings, prioritizes recommended improvements, and helps you determine the best improvements for your home.

Findings and Recommendations

Priority	Findings on Existing Conditions	Recommendations for Improvements
Building Envelope Evaluation	Air Sealing Blower door test: _____ cfm50 Tightness std: _____ cfm50 Leakage pathways observed: <input type="checkbox"/> Basement/crawl ceiling <input type="checkbox"/> Interior baseboard/top molding/fireplaces <input type="checkbox"/> Sill plate <input type="checkbox"/> Window and door frames <input type="checkbox"/> Attic floor <input type="checkbox"/> Attic hatch(es) <input type="checkbox"/> Band joist between floors <input type="checkbox"/> Recessed lights <input type="checkbox"/> Major air leakage bypass(es): _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Reduce leaks by _____ % <input type="checkbox"/> No recommendations Air seal the following leakage pathways: <input type="checkbox"/> Bsmnt/crawl penetrations <input type="checkbox"/> Exposed sill plate <input type="checkbox"/> Attic penetrations <input type="checkbox"/> Top wall plates in attic <input type="checkbox"/> Flue/chimney penetrations <input type="checkbox"/> Open attic stairs/walls <input type="checkbox"/> Attic hatch/pulldown <input type="checkbox"/> Base and ceiling molding <input type="checkbox"/> Door and window frames <input type="checkbox"/> Around fireplace/mantle <input type="checkbox"/> Weatherstrip: <input type="checkbox"/> doors <input type="checkbox"/> windows <input type="checkbox"/> hatches <input type="checkbox"/> outlets <input type="checkbox"/> Recessed lights: <input type="checkbox"/> covers <input type="checkbox"/> inserts <input type="checkbox"/> new housings <input type="checkbox"/> _____
	Duct Sealing Duct leakage observed at: OR <input type="checkbox"/> No ducts in unconditioned space <input type="checkbox"/> Main trunk connections <input type="checkbox"/> Duct disconnects/failures at: _____ <input type="checkbox"/> Branch line connections _____ <input type="checkbox"/> Accessible register connections _____ <input type="checkbox"/> Unable to visually diagnose duct work _____	<input type="checkbox"/> Duct sealing: _____ hours <input type="checkbox"/> Air flow balancing <input type="checkbox"/> Include duct blaster test for leakage to outside <input type="checkbox"/> Repair or reconnect ducts <input type="checkbox"/> Add return(s) <input type="checkbox"/> Replace approx. _____ % of duct system <input type="checkbox"/> Duct cleaning <input type="checkbox"/> No recommendations
	Insulation Levels <input type="checkbox"/> Above grade walls R-Value/Inches Insulation _____ <input type="checkbox"/> Attic (flat) _____ <input type="checkbox"/> Attic (slope) _____ <input type="checkbox"/> Kneewall(s) _____ <input type="checkbox"/> Floor over uncond. _____ <input type="checkbox"/> Rimjoists _____ <input type="checkbox"/> Crawl walls _____ <input type="checkbox"/> Basement walls _____ <input type="checkbox"/> Ductwork (uncond. space) _____	Insulate in the following locations: R-Value/Inches Insul. _____ <input type="checkbox"/> Walls _____ <input type="checkbox"/> Attic (flat) _____ <input type="checkbox"/> Attic (slope) _____ <input type="checkbox"/> Kneewall _____ <input type="checkbox"/> Floor _____ <input type="checkbox"/> Rimjoist _____ <input type="checkbox"/> Foundation walls _____ <input type="checkbox"/> Ductwork _____ <input type="checkbox"/> No recommendations _____
	Windows and Doors <input type="checkbox"/> Single pane windows Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Double pane windows Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Double pane low-e Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Storm windows Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Doors Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Replace windows with a u-value \leq _____ and solar gain \leq _____ <input type="checkbox"/> Replace _____ door(s) w/ _____ <input type="checkbox"/> Solar screens <input type="checkbox"/> Other: _____ <input type="checkbox"/> No recommendations
Mechanical Equip. Evaluation	Space Heating Main heating system is a _____ System efficiency is _____ and age _____ Condition: <input type="checkbox"/> Good <input type="checkbox"/> Service <input type="checkbox"/> Replace Prog. thermostat <input type="checkbox"/> Yes <input type="checkbox"/> No # of thermostats: _____ 2nd heating system is a _____ System efficiency is _____ and age _____ Condition: <input type="checkbox"/> Good <input type="checkbox"/> Service <input type="checkbox"/> Replace Prog. thermostat <input type="checkbox"/> Yes <input type="checkbox"/> No Filter condition: _____ Filter size: _____ Qty: _____ Condensate line: Blocks: <input type="checkbox"/> Yes <input type="checkbox"/> No Leaks: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other: _____	<input type="checkbox"/> Replace main heating system with new _____ with _____ rated efficiency <input type="checkbox"/> Replace 2nd heating system with new _____ with _____ rated efficiency <input type="checkbox"/> Fix/replace condensate line <input type="checkbox"/> Remove 2nd heating system <input type="checkbox"/> Install prog. thermostat <input type="checkbox"/> Replace filter(s) <input type="checkbox"/> Fix/replace condensate line <input type="checkbox"/> Other: _____ <input type="checkbox"/> No recommendations

Findings and Recommendations (cont.)

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Mechanical Equip. Evaluation (cont.)	Space Cooling		Main cooling system is: <input type="radio"/> Central <input type="radio"/> Room <input type="radio"/> Heat pump System efficiency is _____ and age _____ Condition: <input type="radio"/> Good <input type="radio"/> Service needed 2nd cooling system is: <input type="radio"/> Central <input type="radio"/> Room <input type="radio"/> Heat pump System efficiency is _____ and age _____ Condition: <input type="radio"/> Good <input type="radio"/> Service needed Air handler location: _____	<input type="radio"/> Replace main cooling system with _____ SEER system <input type="radio"/> Replace 2nd cooling system with _____ SEER system <input type="radio"/> Clean/adjust blower <input type="radio"/> Check and adjust charge <input type="radio"/> Clean coils inside/outside <input type="radio"/> Check and adjust airflow <input type="radio"/> Fix/replace condensate line <input type="radio"/> Clean/adjust blower <input type="radio"/> Check and adjust charge <input type="radio"/> Clean coils <input type="radio"/> Check and adjust airflow <input type="radio"/> No recommendations																																																						
	Water Heating		Water heating system is a _____ Estimated system efficiency is _____ or age _____ Condition: <input type="radio"/> Good <input type="radio"/> Replace Temperature Setting: _____ Size: _____ Gallons Low flow showerheads <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Replace water heating system with new _____ with _____ rated efficiency <input type="radio"/> Install solar hot water <input type="radio"/> Pipe insulation <input type="radio"/> Install low flow showerhead <input type="radio"/> Insulation jacket <input type="radio"/> Other: _____ <input type="radio"/> No recommendations																																																						
Baseload and Renewables	Appliances and Lighting		Refrigerator Age: _____ <input type="radio"/> ENERGY STAR Dishwasher Age: _____ <input type="radio"/> ENERGY STAR Clothes washer Age: _____ <input type="radio"/> ENERGY STAR Dryer Age: _____ Other: _____ <input type="radio"/> ENERGY STAR High-use lighting _____ % CFL bulbs All lighting _____ % CFL bulbs Renewable opportunities: _____	<input type="radio"/> Replace with ENERGY STAR refrigerator <input type="radio"/> Replace with ENERGY STAR dishwasher <input type="radio"/> Replace with ENERGY STAR clothes washer <input type="radio"/> Replace with dryer <input type="radio"/> _____ <input type="radio"/> Install _____ ENERGY STAR CFL bulbs in high-use fixtures <input type="radio"/> Purchase ENERGY STAR CFLs when replacing bulbs <input type="radio"/> Install renewables: _____																																																						
	Combustion Appliance Testing		<table border="0"> <tr> <td></td> <td colspan="2">Heating System</td> <td colspan="2">Water Heater</td> </tr> <tr> <td>CO tests</td> <td><input type="radio"/> Pass <input type="radio"/> Fail</td> <td><input type="radio"/> Pass <input type="radio"/> Fail</td> <td><input type="radio"/> Pass <input type="radio"/> Fail</td> <td></td> </tr> <tr> <td>Draft tests</td> <td><input type="radio"/> Pass <input type="radio"/> Fail</td> <td><input type="radio"/> Pass <input type="radio"/> Fail</td> <td><input type="radio"/> Pass <input type="radio"/> Fail</td> <td></td> </tr> <tr> <td>Spillage tests</td> <td><input type="radio"/> Pass <input type="radio"/> Fail</td> <td><input type="radio"/> Pass <input type="radio"/> Fail</td> <td><input type="radio"/> Pass <input type="radio"/> Fail</td> <td></td> </tr> <tr> <td>Ambient CO in living space</td> <td><input type="radio"/> Pass <input type="radio"/> Fail</td> <td><input type="radio"/> Pass <input type="radio"/> Fail</td> <td></td> <td></td> </tr> <tr> <td>Ambient CO in CAZ</td> <td><input type="radio"/> Pass <input type="radio"/> Fail</td> <td><input type="radio"/> Pass <input type="radio"/> Fail</td> <td></td> <td></td> </tr> <tr> <td>Oven CO test</td> <td><input type="radio"/> Pass <input type="radio"/> Fail</td> <td><input type="radio"/> Pass <input type="radio"/> Fail</td> <td></td> <td></td> </tr> <tr> <td>Gas or oil leaks detected</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> <td></td> <td></td> <td>CO Monitor <input type="radio"/> Yes <input type="radio"/> No</td> </tr> <tr> <td>Locations: _____</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Htg/DHW sys venting issues</td> <td><input type="radio"/> Yes <input type="radio"/> No</td> <td></td> <td></td> <td>Smoke Detector <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Inoperable</td> </tr> <tr> <td>Description: _____</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		Heating System		Water Heater		CO tests	<input type="radio"/> Pass <input type="radio"/> Fail	<input type="radio"/> Pass <input type="radio"/> Fail	<input type="radio"/> Pass <input type="radio"/> Fail		Draft tests	<input type="radio"/> Pass <input type="radio"/> Fail	<input type="radio"/> Pass <input type="radio"/> Fail	<input type="radio"/> Pass <input type="radio"/> Fail		Spillage tests	<input type="radio"/> Pass <input type="radio"/> Fail	<input type="radio"/> Pass <input type="radio"/> Fail	<input type="radio"/> Pass <input type="radio"/> Fail		Ambient CO in living space	<input type="radio"/> Pass <input type="radio"/> Fail	<input type="radio"/> Pass <input type="radio"/> Fail			Ambient CO in CAZ	<input type="radio"/> Pass <input type="radio"/> Fail	<input type="radio"/> Pass <input type="radio"/> Fail			Oven CO test	<input type="radio"/> Pass <input type="radio"/> Fail	<input type="radio"/> Pass <input type="radio"/> Fail			Gas or oil leaks detected	<input type="radio"/> Yes <input type="radio"/> No			CO Monitor <input type="radio"/> Yes <input type="radio"/> No	Locations: _____					Htg/DHW sys venting issues	<input type="radio"/> Yes <input type="radio"/> No			Smoke Detector <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Inoperable	Description: _____				
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Health, Safety, and Durability	Moisture & Durability		Locations with signs of moisture or durability issues: <input type="radio"/> Windows <input type="radio"/> Crawl/Basement <input type="radio"/> Attic <input type="radio"/> Walls <input type="radio"/> Roof <input type="radio"/> Soffits <input type="radio"/> Other: _____ <input type="radio"/> Sill plate <input type="radio"/> Interior: _____ <input type="radio"/> Other: _____	<input type="radio"/> Add attic ventilation <input type="radio"/> Replace/fix roof <input type="radio"/> Re-grade around foundation <input type="radio"/> Add gutters <input type="radio"/> Install sump pump <input type="radio"/> Extend downspouts <input type="radio"/> Other: _____																																																						
	Exhaust Vent.		Improperly vented, non-operable, or needs ventilation: <input type="radio"/> Master bath <input type="radio"/> 3rd bath <input type="radio"/> Dryer <input type="radio"/> Whole-house <input type="radio"/> 2nd bath <input type="radio"/> Range hood <input type="radio"/> Crawlspace <input type="radio"/> Other: _____	<input type="radio"/> Replace/install exhaust fan <input type="radio"/> Install dehumidifier <input type="radio"/> Add humidistat/timer <input type="radio"/> Other: _____																																																						

Recommended Measures Summary

Estimated Annual kWh Savings _____
 Estimated Annual Therm Savings _____
 Estimated Annual Storage Fuel Savings _____
Estimated Total Annual Energy Cost Savings _____
Estimated Package of Improvements Installed Cost _____
Monthly Payment at _____%, _____ Yr. Term _____
Simple Payback (Installed Cost ÷ Annual Savings) _____

Non-Energy Benefits:

☐ Reduced drafts ☐ Reduced maintenance ☐ _____
☐ Improved comfort ☐ Improved indoor air ☐ _____
☐ Increased durability ☐ Reduced dust ☐ _____
☐ Increased home value ☐ Reduced odors ☐ _____
☐ Reduced moisture issues ☐ Environmental ☐ _____

I understand that the above recommendations do not constitute a binding contract proposal. I am interested in receiving such a proposal as a next step.

Customer Signature: _____ Date: _____