MHEA Audit Data Collection Form

Job #: | ClientID: | Assessors: | Assessment Date:

ClientName: | Day Phone:

ClientAddress: | County:

Dwelling Type

1. Site Built
2. Mobile Home
3. Duplex
4. Multifamily(>4)
5. Shelter
6. Other"

Ownership

Owner
Renter
Other

Occupants

SeniorFlag:
JuvenileFlag:
DisabilityFlag:

# of Occupants | ClientLanguage:

Ethnicity | DisabilityType:

Contacts

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

Type:	Contact Name:	Relation:	Day Phone:

Mobile Home Shell

Length:
Width:
Height:

Wind Shielding: Well | Normal | Exposed

Home Leakiness: Tight | Medium | Loose

Outdoor WH Closet:

Walls Stud Size: 2 x 2 | 2 x 3 | 2 x 4 | 2 x 6

Orientation Long Wall: North | East | South | West

Wall Ventilation: Vented | Not Vented

Insulation Type

1. Batt/Blanket (in)
2. Loose Fill (in)
3. Foam Core (in)

Type / Thick

/ "

sq ft

Enter the wall area not accessible for insulating.

Windows

Average Size: W | H

Number Facing: N | E | S | W

Doors

Average Size: W | H

Number Facing: N | E | S | W

Carport / Porch / Roof

Length (ft) | Width(ft)

Orientation: N E S W

WindowType	Slider	Frame Type	Glazing	Interior Shade	Ext. Shade	Leakiness	Number	Retrofit	Fabric	Frame Sz
1. Jalousie 2. Slider 3. Fixed 4. Door Window 5. Door Slider 6. Skylight	1. Horizontal 2. Vertical 3. Left - Right 4. Right - Left	1. Wood / Vinyl 2. Metal 3. Improved Metal 4. COLOR - B M W	1. Single Pane 2. Sngl. P. W/ Storm 3. Sngl P. Bad/ Storm 4. Double Pane 5. Dbl. P. W/ Low E	1. Drapes 2. Blinds / Shades 3. Drapes w/ Shades 4. None	1. Low E Film 2. Solar Screen 3. Awning 4. Carport 5. Porch 6. None	1. Very Tight 2. Tight 3. Medium 4. Loose 5. Very Loose	# of windows with the same description on this wall.	1. Evaluate 2. Weatherize 3. Replace 4. Rep. W/Low E 5. Add Storm 6. None	C - Charcoal B - Bronze G - Gray	1. 5/16 2. 3/8 **F.Color** B M W

Shade

Windows	Wall #	Type	Slider	Frame	Color	Glazing	Interior	Exterior	% Shade	Leakiness	# of Same	Retro	W "	H "	Fab	Frm	F.C
WIND 01																	
WIND 02																	
WIND 03																	
WIND 04																	
WIND 05																	

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Shade

Windows	Wall #	Type	Slider	Frame	Color	Glazing	Interior	Exterior	% Shade	Leakiness	# of Same	Retro	W "	H "	Fab	Frm	F.C
WIND 06																	
WIND 07																	
WIND 08																	
WIND 09																	
WIND 10																	
WIND 11																	
WIND 12																	
WIND 13																	
WIND 14																	

Doors

Door Type	StormDoor	Number	Measure	Swing	Lockset	Air Seal *(+)= ADD*	Threshold Oak/Bumper	Hinge	Strike
1. H-Core Wood 4. Sngl Sliding Glass 2. S-Core Wood 5. Dbl Pane Glass 3. Insulated Steel	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 4. 1 x 5/8 Bumper 2. 1 Oak 5. 1/2 Bumper 3. 1 Bumper 6. 3/4 Bumper (B)	1. Reg 2. NRP	1. Reg 2. Lrg

DoorCode	Wall #	Type	Area	Storm Dr.	Number	Measure	Swing	Width	Height	Thick	Lockset	Air Seal +	Thresh	Hinge	Strike	Viewer
DOOR 01																
DOOR 02																
DOOR 03																
DOOR 04																

Mobile Home Ceiling

Roof Height at Center

Cathedral %

MH SHELL - Comments

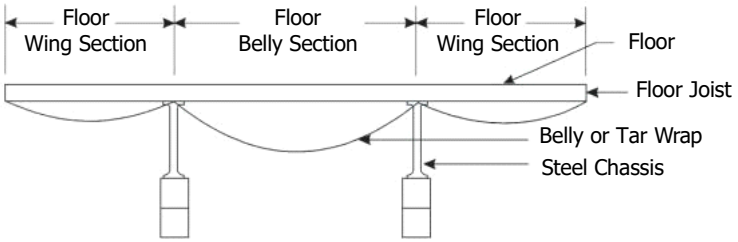
Include condition, and venting

Roof Type	Type	Roof Color	Color	Exist Insula	Insula	Depth in
1. Bowstring 2. Flat 3. Pitched		1. Reflective 1. Shaded 2. Normal		1. Batt/Blanket 1. Loose Fill 2. Foam Core		

Housing App#: _____ ClientID: _____ _____ _____

ClientName: _____ Day Phone: _____ Assessors: Assessment Date:

Mobile Home Floor



Section of a Typical Manufactured Home Floor

Floor Joist Direction

☐ Lengthwise
☐ Widthwise

Floor Wing Description

Joist Size (in) _____
Loose Insul (in) _____

Batt Insul. Location

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

Location _____
Thickness _____

Is there a Skirt?

☐ Yes
☐ No

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. Draped Below Joist
5. None

Location _____
Thickness _____

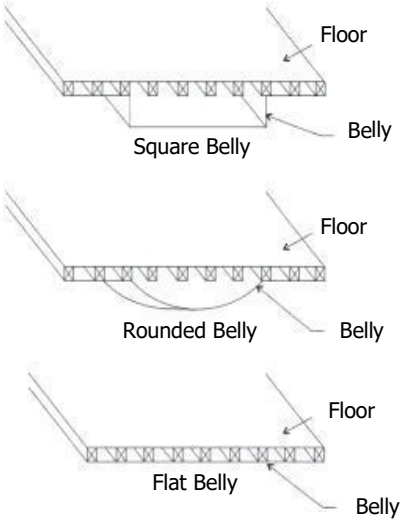
Belly Configuration

☐ Square
☐ Rounded
☐ Flat

Belly Condition

☐ Good
☐ Average
☐ Poor

Max Depth Belly Cavity (in) _____



Mobile Home Additions

Walls Stud Size _____

Orientation: North East South West

Ventilation: Ventilated Not Ventilated

Insulation Type

1. Batt/Blanket (in)
2. Loose Fill (in)
3. Foam Core (in)

Thickness (inches) _____

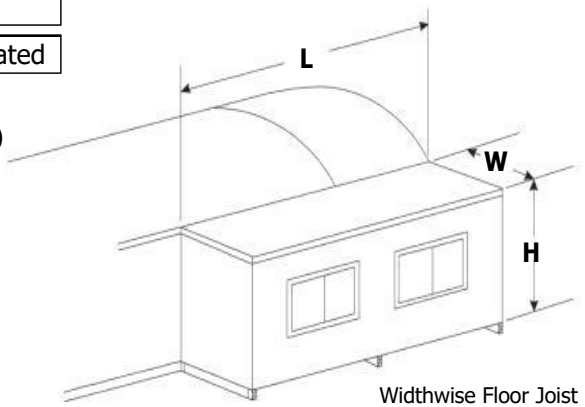
Wall Configuration

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

Addition Interior Wall

Max Height _____ Min Height _____

Typical Manufactured Home Addition



Mobile Home Addition - Windows

WindowType	Slider	Frame Type	Glazing	Interior Shade	Ext. Shade	Leakiness	Number	Retrofit	Fabric	Frame Sz
1. Jalousie 2. Slider 3. Fixed 4. Door Window 5. Door Slider 6. Skylight	1. Horizontal 2. Vertical 3. Left - Right 4. Right - Left	1. Wood / Vinyl 2. Metal 3. Improved Metal 4. COLOR - B M W	1. Single Pane 2. Sngl. P. W/ Storm 3. Sngl P. Bad/ Storm 4. Double Pane 5. Dbl. P. W/ Low E	1. Drapes 2. Blinds / Shades 3. Drapes w/ Shades 4. None **Shade**	1. Low E Film 2. Solar Screen 3. Awning 4. Carport 5. Porch 6. None	1. Very Tight 2. Tight 3. Medium 4. Loose 5. Very Loose	# of windows with the same description on this wall.	1. Evaluate 2. Weatherize 3. Replace 4. Rep. W/Low E 5. Add Storm 6. None	C - Charcoal B - Bronze G - Gray	1. 5/16 2. 3/8 **F.Color** B M W

Windows	Wall #	Type	Slider	Frame	Color	Glazing	Orient	Interior	Exterior	% Shade	Leakiness	# of Same	Retro	W "	H "	Fab	Frm	F.C
WIND 01																		
WIND 02																		
WIND 03																		
WIND 04																		

Housing App#: | ClientID: | Assessors: | Assessment Date:

ClientName: | Day Phone:

Mobile Home Addition - Doors

Door Type	StormDoor	Number	Measure	Swing	Lockset	Air Seal (+)= ADD	Threshold Oak/Bumper	Hinge	Strike
1. H-Core Wood 4. Sngl Sliding Glass 2. S-Core Wood 5. Dbl Pane Glass 3. Insulated Steel	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 4. 1 x 5/8 Bumper 2. 1 Oak 5. 1/2 Bumper 3. 1 Bumper 6. 3/4 Bumper (B)	1. Reg 2. NRP	1. Reg 2. Lrg

DoorCode	Wall #	Type	Area	Storm Dr.	Number	Orient	Measure	Swing	Width	Height	Thick	Lockset	Air Seal +	Thresh	Hinge	Strike	Viewer
DOOR 01																	
DOOR 02	1																
DOOR 03	1																

Mobile Home Addition - Ceiling / Floor

Ceiling

Joist Size

Roof Color	Exist Insulation
1. Reflective 1. Shaded 2. Normal	1. Batt/Blanket 1. Loose Fill 2. Foam Core

Depth in

Floor Type

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

Addition Floor Batt

Addition Floor Batt	Exist Insulation
1. Attach to flooring 2. Between Joist 3. Attach Under Joist 4. None	1. Batt/Blanket 1. Loose Fill 2. Foam Core

Depth in

Add inches

Addition Walls, Windows, Doors, Ceiling, Floor - Comments

Mobile Home Heating System Details

Heating Equipment Type	Fuel Type	Equipment Location
1. Forced Air Furnace 6. Heat Pump 2. Sealed Combustion 7. V-Space heater 3. Fixed Elect Resistance 8. UnV-Space Heater 4. Portable Electric 9. V-Wall Furnace 5. Hot Water Boiler 10. UnV-Wall Furnace	1. Natural Gas 5. Oil 2. Electricity 6. Propane 3. Wood 7. Coal 4. Kerosene 8. Other	1. Heated Space 2. Uncond. Space 3. Unintentional Heated

DUCTS

Duct Location	Duct Insulation Location
1. Floor 2. Ceiling 3. None	1. Above Duct 4. No Insulation 2. Below Duct 3. Around or Ductboard

Primary Sys	SysCode	EquipType	FuelType	% Supplied	Equip Location	Manufacturer	Model #	Duct Location	Insulation Loc
	HS01								
	HS02								
	HS03								

Heating System - Comments

Housing App#: | ClientID: | Assessors: | Assessment Date:

ClientName: | Day Phone:

Cooling System Details

Photo Documented ☐

Equipment Type	Efficiency Units	Duct Location	Duct Insulation
1. Central	1. EER	1. Floor	1. Above duct
2. Window	2. SEER	2. Ceiling	2. Below duct
3. Heat Pump	3. COP	3. None	3. Around duct
4. Evaporative Cooler			4. No insulation

	Manufacturer	Model #
AC01		
AC02		
AC03		

Primary	AC Code	Equip Type	Capacity (kBTU/hr)	Eff. Rating	Eff. Units	Duct Location	Duct Insul Location	Floor Area Cooled (sq')	Tune Up Mandatory
☐	AC01								☐
☐	AC02								☐
☐	AC03								☐

Additional Comments

Ducts/Infiltration

WHOLE HOUSE BLOWER DOOR MEASUREMENTS

	Before WZN (Initial) 1	After WZN Target 1
Air Leakage Rate (CFM)		
at House Pressure Difference (Pa)	50	50

Blower Door Flow Ring Open ☐ Ring A ☐ Ring B ☐ Ring C ☐

DUCT OPERATING PRESSURE

Duct Operating Pressures

Before Duct Sealing		After Duct Sealing
	Supply (Pa)	
	Return (Pa)	

DUCT LEAKAGE METHOD PRESSURE PAN MEASURE MEASUREMENTS

Register#1	pa	Register#7	pa
Register#2	pa	Register#8	pa
Register#3	pa	Register#9	pa
Register#4	pa	Register#10	pa
Register#5	pa	Register#11	pa
Register#6	pa	Register#12	pa

Sum of Pressure Pan (pa)

Before Duct Sealing	After Duct Sealing (Target)

Housing App#: | ClientID: | Assessors: | Assessment Date:

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BASELOADS

Water Heater(s)

WH Code	Manufacturer	Model:	Serial #:	Photo
WH01				
WH02				

Fuel Type
1. Natural Gas
2. Electricity
3. Propane

Equipment Location
1. Heated Space
2. Uncond. Space
3. Unintentional Heated

Input Units
1. kBTU
2. kW

If WH wrap is present, skip Insul.Thick & Insul,Type

Is the first 5' of WH supply pipe insulated?

Insulation Type
1. Fiberglass
2. Polyurethane

Burner Condition

Water Heater Condition

WH Code	Fuel Type	Equip.Loc.	Rated Input	Input Units	Gallons	WH Wrap	Pipe Insul.	Original Tank Insul. Thick.	Insul. Type	Good Fair Poor	Good Fair Poor	CO Level	WH Stand
WH01													
WH02													

Shower Heads

of Shower Heads

Shower Use (min/day)

Average GPM

Comments:

Refrigerator

Photo

Manufacturer | **Model**

Refrigerator Style
1. Top Freezer
2. Side by Side
3. Single Door
4. Sngl Door w/ Freezer
5. Bottom Freezer
6. Other

Defrost
1. Automatic
2. Manual
3. Partial Auto
4. Other

Refrigerator Location
1. Heated Space
2. Uncond. Space
3. Unintentional Heated

Size cu ft

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

Consumption

Label / Database Annual Consumption

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

Or

Metered Consumption

Minutes

Meter kWh

Temp F

Defrost
Manual Defrost
Includes Defrost Cycle

Lighting System

Room Description
1. Family
2. Kitchen
3. Living
4. Rec
5. Dining
6. Bedroom
7. Bathroo
8. Utility

Location
1. Ceiling
2. Floor
3. Table
4. Wall
5. Closet
6. Other

Lamp Type
1. Standard
2. Floor
3. Other

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

Housing App#: | ClientID: | Assessors: | Assessment Date:

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HEALTH & SAFETY

Whole House

Alarms Needed

- ☐ Smoke Detector
- ☐ CO Monitor

Carbon Monoxide Measurements

- Rm with Heating System
- (ppm)Rm with Water Heater
- Living Area (ppm)
- Kitchen (ppm)

Comments

Building Shell

Attic

- ☐ Recessed Lights Present
- ☐ Chimney/Flue
- ☐ Incorrect 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 Audit	Inspection	SysCode	Outdoor Temp (F)	Draft (Pa or in H20)	Spillage Time(sec)	Comments
	☐	☐	HS0__				
	☐	☐	HS0__				
	☐	☐	HS0__				

Worse Case Condition Draft Measurements - WATER HEATING SYSTEM

Date	Conducted During Audit	Inspection	SysCode	Outdoor Temp (F)	Draft (Pa or in H20)	Spillage Time(sec)	Comments
	☐	☐	WH0__				
	☐	☐	WH0__				

Wood Stove / Fireplace

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

Clothes Dryer

- ☐ Improper Venting

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

Kitchen

- ☐ Missing
- ☐ Non Operational
- ☐ Improper Venting

Air-to-Air Heat Exchanger

- ☐ Exist
- ☐ Non Operational

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Assessors:

Assessment Date: