

ENERGY AUDIT DATA COLLECTION/ HEALTH & SAFETY ASSESSMENT

CLIENT JOB#	<input type="text"/>	CLIENT PHONE NUMBER(S)	<input type="text"/>	DWELLING TYPE	
CLIENT NAME	<input type="text"/>	<input type="text"/>		SITE BUILT <input type="checkbox"/>	MULTI 1-4 <input type="checkbox"/>
ADDRESS	<input type="text"/>	<input type="text"/>		MOBILE <input type="checkbox"/>	DUPLEX <input type="checkbox"/>
		# OF OCCUPANTS <input type="text"/>		SHELTER <input type="checkbox"/>	OTHER <input type="checkbox"/>
		OWNER <input type="checkbox"/>	RENTER <input type="checkbox"/>	YEAR BUILT	<input type="text"/>
ASSESSMENT DATE	<input type="text"/>	PRIMARY HEATING FUEL	<input type="text"/>	COND. STORIES <input type="text"/>	FLOOR AREA <input type="text"/>
ASSESSOR NAME	<input type="text"/>				

Client Educational Materials Notification

I have been provided the health and safety educational materials and each one was explained in detail. All of my questions were addressed and I understand the importance of the materials I have been provided. I also understand that maintaining a safe and healthy home requires active participation on my part in filter replacement, keeping a sanitary home, using exhaust fans, and maintaining my mechanical equipment and combustion appliance(s).

Client's Printed Name: _____

Client's Signature: _____ **Date:** _____

EXTERIOR BUILDING HEALTH & SAFETY	DESCRIPTION/ LOCATION/ SEVERITY	Deferral (No or Yes)/ Referral Options
Structural Damage *See Health & Safety Plan protocols		No/ Yes
Potential Asbestos Siding *See Health & Safety Plan protocols		No/ Yes
Moisture Intrusion Site/ Drainage/ Gutters & Downspouts *See Health & Safety Plan protocols		No/ Yes
Pest Intrusion/ Prevention/Removal		No/ Yes

*See Health & Safety Plan protocols		
Suspected Paint Containing Lead (pre 1978)		No/ Yes
*Complete LSW & RRP Forms.		
Other		No/ Yes

MOBILE HOME WALLS

Length Wind Shielding Outdoor WH Closet Yes No

Width Home Leakiness

Height Orientation Long Wall

WALLS

WALL TYPE	EXTERIOR TYPE	EXPOSURE	EXISTING INSULATION	INSULATION TO ADD
1 Balloon frame 5 Adobe 2 Platform frame 6 Other 3 Masonry/stone 4 Cinder Block	1 Wood 5 Masonite 2 Metal (Vinyl) 6 Other 3 Stucco 4 Brick	1 Outside 2 Buffered 3 Attic	1 None 5 Fiberglass Batts 2 Bln Cellulose 6 Polystyrene 3 Bln Fiberglass 7 Other 4 Rockwool	1 None 2 Blown Cellulose 3 Blown Fiberglass

WALLS	WALL TYPE	STUD SIZE	EXTERIOR TYPE	W' / H'	AREA SQ'	ORIENTATION	EXPOSURE	EXIST INSUL	ADD INSUL
WALL 01									
WALL 02									
WALL 03									
WALL 04									
WALL 05									
WALL 06									
WALL 07									
WALL 08									
WALL 09									
WALL 10									
WALL 11									

WINDOW TYPE	SLIDER	FRAME TYPE	GLAZING	INT. SHADE	EXT. SHADE	LEAKINESS	NUMBER
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	1 Single Pane 2 Sngl. Pane W/ Storm 3 Sngl. Pane Bad/Storm 4 Double Pane 5 Dbl. Pane 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. EVALUATE ALL

• ALL REPLACEMENT WINDOWS MUST HAVE BEFORE AND AFTER PICTURES IN CLIENT FILE.

WINDOWS	WALL #	TYPE	SLIDER	FRAME	GLAZING	INT SHADE	EXT SHADE	LEAKINESS	NUMBER
WINDOW 01									
WINDOW 02									
WINDOW 03									
WINDOW 04									
WINDOW 05									
WINDOW 06									
WINDOW 07									
WINDOW 08									
WINDOW 09									
WINDOW 10									
WINDOW 11									
WINDOW 12									
WINDOW 13									
WINDOW 14									

DOOR TYPE	STORM DOOR	NUMBER	MEASURE	SWING	AIR SEAL	THRESHOLD/BUMPER	HINGE STRIKE	LOCKSET
1 H-Core Wood 2 S-Core Wood 3 Insulated Steel 4 Sngl Sliding Glass 5 Dbl Pane Sliding Glass	1 Adequate 2 Deteriorated 3 None	# of Doors with the same Description	1 Repair 2 Replace	1 Right Hand 2 Left Hand	1 Weather strip 2 Sweep 3 Shoe	1 ¾ Oak 2 1 Oak 3 1 Bumper 4 1 x 5/8 Bumper 5 ½ Bumper 6 ¾ Bumper	1 Reg 2 NRP	1 Reg 2 Lrg 1 Deadbolt 2 Knob 3 Combo

• ALL REPLACEMENT DOORS MUST HAVE BEFORE AND AFTER PICTURES IN CLIENT FILE.

DOOR	WALL #	TYPE	AREA	STORM DR.	#	MEASURE	SWING	THICK	WIDTH	HEIGHT	THRESH	STRIKE	HINGE	LOCK
DOOR 01														
DOOR 02														
DOOR 03														
DOOR 04														
DOOR 05														

DATA FOR WINDOW COUNT BEYOND 15

WINDOW TYPE	SLIDER	FRAME TYPE	GLAZING	INT. SHADE	EXT. SHADE	LEAKINESS	NUMBER
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	1 Single Pane 2 Sngl. Pane W/ Storm 3 Sngl. Pane Bad/Storm 4 Double Pane 5 Dbl. Pane 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. EVALUATE ALL

• ALL REPLACEMENT WINDOWS MUST HAVE BEFORE AND AFTER PICTURES IN CLIENT FILE.

WINDOWS	WALL #	TYPE	SLIDER	FRAME	GLAZING	INT SHADE	EXT SHADE	LEAKINESS	NUMBER
WINDOW 15									
WINDOW 16									
WINDOW 17									
WINDOW 18									
WINDOW 19									
WINDOW 20									
WINDOW 21									
WINDOW 22									
WINDOW 23									
WINDOW 24									
WINDOW 25									
WINDOW 26									
WINDOW 28									
WINDOW 29									
WINDOW 30									
WINDOW 31									
WINDOW 32									
WINDOW 33									
WINDOW 34									
WINDOW 35									
WINDOW 36									
WINDOW 37									
WINDOW 38									
WINDOW 39									
WINDOW 40									

BASEMENT/CRAWLSPACE (HEALTH & SAFETY)	DESCRIPTION/ LOCATION/ SEVERITY	Deferral (No or Yes)/ Referral Options
Structural Damage *See Health & Safety Plan protocols		No/ Yes
Return Duct Work (If not sealed)		No/ Yes
Electrical/ Fire Hazard *See Health & Safety Plan protocols		No/ Yes
Potential Friable Asbestos (Removal or Encapsulation must be done or the unit deferred) *Test & Correction by AHERA professional only.		No/ Yes
Exposed Dirt *Install sealed vapor barrier where site conditions permit.		No/ Yes
Mold & Moisture and Biological Conditions *See Health & Safety Plan protocols		No/ Yes
Clutter/ Access *Perform removal or correction. Depending on the severity of the clutter.		No/ Yes
Other		No/ Yes

FOUNDATIONS

Foundation Type

- 1 Conditioned
- 2 Non Conditioned
- 3 Vented Non Conditioned
- 4 Unintentionally Conditioned
- 5 Insulated Slab
- 6 Exposed Floor

Found Code	Found Type	Floor Area (sq. ft.)	Existing floor R-Value	Sill Joist Size (ft.)	Perimeter To Insulate (ft.)	Found Wall Height (ft.)	Height Exposed (%)	Perimeter (ft.)	Existing R-Value
FD 01									
FD 02									
FD 03									
FD 04									
FD 05									
FD 06									

MOBILE HOME FLOOR

Floor Joist Direction Lengthwise Widthwise Is there a Skirt? Yes No Vapor barrier needed? Yes No

Floor Wing Description

Joist Size (in)

Loose Insulation (in)

Batt Insulation Location

- 1. Attached to Flooring
- 2. Between Joist
- 3. Attached Under Joist
- 4. None

Location

Thickness

Belly Configuration

Square

Rounded

Flat

Belly Condition

Good

Average

Poor

Floor Belly (Center) Description

Joist Size (in)

Loose Insulation (in)

Batt Insulation Location

- 1. Attached to Flooring
- 2. Between Joist
- 3. Attached Under Joist
- 4. Draped Below Joist
- 5. None

Location

Thickness

Max Depth Belly Cavity (in)

MECHANICAL/APPLIANCE (HEALTH & SAFETY)	DESCRIPTION/ LOCATION/ SEVERITY	Deferral (No or Yes)/ Referral Options
Heating (CO, Moisture, Electrical, Gas, Operation) *Complete Heater Survey.	Use HIP/LIHEAP protocols	No/ Yes
Cooling (Moisture, Electrical)	Use HIP/LIHEAP protocols	No/ Yes
Water Heater (CO, Moisture, Electrical, Gas, Operation) *Complete Heater Survey.	Use HIP/LIHEAP protocols	No/ Yes
Ventilation (Attic, Basement, Local, Dryer, Whole House) *Complete ASHRAE Checklist & 62.2: Worksheet.		No/ Yes
Space Heater Removal *Remove and dispose of unvented space heater. ANSI A21.11.2 labeled secondary units okay.		No/ Yes
Other		No/ Yes

REQUIRED HEATING SYSTEM/ WATER HEATER DETAILS

COMPLETE THE HEATER SURVEY AND ENTER DATA INTO THE NEAT/MHEA AUDIT.

REQUIRED STOVE CO MEASUREMENTS

Oven CO Burners CO
 Ambient CO **+**

Oven CO Burners CO
 Ambient CO **+**

REQUIRED GAS DRYER CO MEASUREMENTS

Dryer CO
 Ambient CO

Gas Leak Present? Yes No

If yes, give the location of the gas leak? _____

If yes, have you informed the client and notified their local utility company? Yes No

COOLING SYSTEM DETAILS

AC UNIT TYPE

1. Central Air 2. Window 3. Heat Pump 4. Evaporative Cooler

AC Code	AC Type	Area Cooled (sq')	Size (kBTU/hr)	SEER or Yr. Purchased	Manufacturer	Model #	Serial #
AC 01							
AC 02							
AC 03							
AC 04							

BASELOADS

WATER HEATER

Equipment Location Gallons Original Tank Insulation Thickness Original Tank Insulation Type Water Heater Wrap Needed Water Pipe Wrap Needed

WH 01						
WH 02						
WH 03						
WH 04						

SHOWER HEADS

Of Shower Heads

Shower Use (min/day)

Average GPM

LIGHTING SYSTEM

ROOM DESCRIPTION

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

LOCATION

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

LAMP TYPE

1. Standard
2. Floor
3. Other

LIGHTING SYSTEM CONTINUED

Light Code	Room Description	Room Location	Lamp Type	Quantity	Size (watts)	Usage (hr/day)
LT 01						
LT 02						
LT 03						
LT 04						
LT 05						
LT 06						

REFRIGERATOR

Manufacture	Model #	Year Manufactured
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Refrigerator Style	Defrost	Refrigerator Location	Size (CU FT)	Refrigerator Age
<i>1. Top Freezer 4. Sngl Door w/Freezer</i> <i>2. Side by Side 5. Bottom Freezer</i> <i>3. Single door 6. Other</i>	<i>1. Automatic</i> <i>2. Manual</i> <i>3. Partial Auto</i>	<i>1. Heated Space</i> <i>2. Unconditioned Space</i> <i>3. Unintentional Heated</i>	<input style="width: 100%; height: 20px;" type="text"/>	<i>1. < 5 Yrs. 3. < 15 Yrs.</i> <i>2. < 10 Yrs. 4. > 15 Yrs.</i>

Available Space Dimensions

Height (in)	<input style="width: 100%; height: 20px;" type="text"/>	<u>Door Type</u>	<u>Door Swing</u>	<u>Freezer Type</u>	<u>Ice Maker</u>	<u>Door Seal Condition</u>
Width (in)	<input style="width: 100%; height: 20px;" type="text"/>	Single <input type="radio"/>	Right Hand <input type="radio"/>	Top <input type="radio"/>	No <input type="radio"/>	Good <input type="radio"/> Visible Gaps <input type="radio"/>
Depth (in)	<input style="width: 100%; height: 20px;" type="text"/>	Double <input type="radio"/>	Left Hand <input type="radio"/>	Bottom <input type="radio"/>	Yes <input type="radio"/>	Some Wear <input type="radio"/>

Metered Consumption Only

Metered Minutes	<input style="width: 100%; height: 20px;" type="text"/>	<u>Defrost</u>	
Meter kWh	<input style="width: 100%; height: 20px;" type="text"/>	Manual defrost	<input type="radio"/>
Room Temp	<input style="width: 100%; height: 20px;" type="text"/>	Includes defrost Cycle	<input type="radio"/>

GARAGE/ STORAGE (HEALTH & SAFETY)	DESCRIPTION/ LOCATION/ SEVERITY	Deferral (No or Yes)/ Referral Options
Garage Air Intrusion *Seal all penetrations between garage and living space.		No/ Yes
Return Ducts (if not sealed)		No/ Yes
Electrical/ Fire Hazard *See Health & Safety Plan protocols		No/ Yes
Hazardous Chemicals/VOCs *High concentrations of hazardous chemicals must be removed from the living space or the unit deferred.		No/ Yes
Clutter/Access *Perform removal or correction. Depending on the severity of the clutter.		No/ Yes
Other		No/ Yes

INTERIOR/COND. SPACE (HEALTH & SAFETY)	DESCRIPTION/ LOCATION/ SEVERITY	Deferral (No or Yes)/ Referral Options
Structural Damage *See Health & Safety Plan protocols		No/ Yes
Electrical/Fire Hazard *See Health & Safety Plan protocols		No/ Yes
Mold & Moisture and Biological Conditions *See Health & Safety Plan protocols		No/ Yes
Clutter/ Access *Perform removal or correction. Depending on the severity of the clutter.		No/ Yes
Suspected Paint Containing Lead (pre 1978) *Complete LSW & RRP Forms.		No/ Yes
Smoke/CO Alarm		No/ Yes
Installation of Fire Extinguisher		No/ Yes
Other		No/ Yes

UNINSULATED SUPPLY DUCT

Duct Location	Duct Type Rectangular/ Round	Length	Width	Height if Rectangular	Diameter if Circular

MOBILE HOME HEATING DISTRIBUTION DETAILS

MH Duct Location	MH Duct Insulation Location	System Code	MH Duct Location	MH Duct Insulation Location
1. Floor 2. Ceiling 3. None	1. Above duct 4. No Insulation 2. Below duct 3. Around duct			

ATTIC INSPECTION HEALTH & SAFETY

DESCRIPTION/ LOCATION/ SEVERITY

Deferral (No or Yes)/ Referral Options

Structural Damage *See Health & Safety Plan protocols		No/ Yes
Potential Asbestos Vermiculite *See Health & Safety Plan protocols		No/ Yes
Return Ducts (sealed as ECM)		No/ Yes
Electrical/Knob & Tube Hazard *See Health & Safety Plan protocols		No/ Yes
Mold & Moisture and Biological Conditions *See Health & Safety Plan protocols		No/ Yes
Clutter/ Access *Perform removal or correction. Depending on the severity of the clutter.		No/ Yes
Other		No/ Yes

ATTICS

UNFINISHED

Attic Type	Joist Space	Type	Material
<ol style="list-style-type: none"> 1. Unfloored 2. Floored 3. Cathedral/ Flat 	<ol style="list-style-type: none"> 1. 16 in 2. 18 in 3. 24 in 	<ol style="list-style-type: none"> 1. Batts 2. Blown 3. Other 	<ol style="list-style-type: none"> 1. Fiberglass 2. Rockwool 3. Cellulose

Attic Code	Attic Type	Joist Space	Area (SQ Ft)	Type	Material	Depth	Insulate
UFA 01							
UFA 02							
UFA 03							
UFA 04							
UFA 05							
UFA 06							
UFA 07							
UFA 08							

FINISHED

Attic Type	Floor Type	Type	Material
<ol style="list-style-type: none"> 1. Outer Ceiling Joist 2. Collar Beam 3. Knee Wall 4. Roof Rafter 	<ol style="list-style-type: none"> 1. Unfloored 2. Floored 	<ol style="list-style-type: none"> 1. Batts 2. Blown 3. Other 	<ol style="list-style-type: none"> 1. Fiberglass 2. Rockwool 3. Cellulose

Attic Code	Attic Type	Floor	Area (SQ Ft)	Type	Material	Depth	Insulate
FA 01							
FA 02							
FA 03							
FA 04							
FA 05							
FA 06							
FA 07							
FA 08							

