

Low-Rise Multifamily Priority List Checklist - Region 3

The building is 3-stories or less above grade.	☐ True	☐ False			
The building contains 5 or more dwelling units.	☐ True	☐ False			
The building structure is wood frame?					
If you answered TRUE to all three above questions, you may If you answered FALSE to <u>any</u> of the above questions, then t					
Is this checklist for a single building?					
☐ Yes.					
\square No . How many buildings are to be considered for this	checklist?				
Project ID:					
Address of building(s):					
Number of dwelling units per building:					
Unit types and #: 1BR unit/building:; 2BR unit/building:	; 3BR unit/building:; 4	IBR unit/building:			
Total number of dwelling units considered for this checklist:					
Total number of WAP eligible units:	_ Percentage of building eligit	ole:			
Primary heating fuel: Second	ary heating fuel:				
Are there any combustion appliances contained within the building Yes. Total #: Use combustion testing form the building(s). □ No. Proceed with this checklist. No combustion safety	Combustion Safety & Heating	<i>Improvement Survey</i> in			
Use H&S form <i>Educational Notification & Health and Safety As</i> dwelling unit in the building(s).	s sessment to guide the physica	al safety inspection of every			
Total # of units inspected:					
Required photos of inspection:					
☐ Complete exterior of all sides of building(s).					
\square Foundation area including measurement of joist dept	• •	· ·			
☐ Attic area including measurement of joist depth, insul	ation depth, and air sealing loc	ations.			

■ Wall cavity visual inspection of cavity depth, insulation depth, and air sealing locations.
\square All accessible ducts outside the thermal boundary including areas to repair, seal, and insulate
☐ All diagnostic testing results (CO, CAZ, SSE, CFM, etc.).
☐ Data tags (or lack thereof) for all heating/cooling systems, refrigerators, and water heaters.
\square Flue/chimney for all vented combustion appliances.
☐ All H&S related issues.
☐ All Incidental Repair Measures (IRM).

<u>1</u> <u>– Mandatory – Health and Safety Measures:</u> SWS <u>2</u>, <u>6</u>;

Complete all H&S measures as required.

H&S Measure	Quantity	Dwelling unit number/location
Additional Comments:		

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2 – Mandatory - LED Lighting: SWS 7.0103.1;

3 - Mandatory - Air Sealing: SWS 3.01, 3.0202.1;

diagram or comments section below.
☐ Attic top-plates;
☐ Bypasses, penetrations, and/or holes in the ceiling;
☐ Bypasses, penetrations, and/or holes in the walls;
\square Bypasses, penetrations, and/or holes in the floor (unconditioned foundations only);
☐ Sill box to floor intersection requires air sealing (unconditioned foundations only);
☐ Entire sill box area requires air sealing (conditioned foundations only);
☐ Exterior door weatherstripping/sweep;
Locations:
\square Attic Access (if access is between conditioned and unconditioned space);
Locations:
\square Foundation Access (if access is between conditioned and unconditioned space);
Locations:
☐ Other:
Additional Comments:
Additional Comments.

Check the box for each item that applies to this building or building type. Add any necessary details to the building

<u>4</u> – Mandatory – Duct Sealing: SWS <u>5.0105</u>	5, <u>5.0106.1</u> ;	
Are any heating or cooling system ducts located Yes. Continue with the Duct Sealing No. Duct sealing is not required. Skip	Section.	ry (i.e., in unconditioned space)?
Duct Repairs: Are there any catastrophic duct for	ailures that need repair prior	to sealing and insulating?
\square Yes. List Repairs in Table below.		
☐ No. Continue with the Duct Sealing S	Section.	
Duct Repair Location	Square Ft.	<u>Materials</u>
Duct Sealing: Note location of ductwork not sea ☐ Accessible ductwork in an uncondition ☐ Accessible ductwork in an uncondition	oned attic. oned subspace.	
<u>Duct Sealing Locations</u>	<u>Linear Ft.</u>	<u>Materials</u>
Additional Comments:		

Are all accessible ducts outside the thermal boundary already insulated? Yes. Additional duct insulation is not required. Skip to Section 6. No. Insulate to R8 (or R12 if exposed to the exterior). Location for Duct Insulation Square Ft. Materials Additional Comments:

<u>5 – Mandatory - Duct Insulation:</u> SWS <u>5.0107</u>;

<u>6 – Mandatory – Ceiling Insulation:</u> SWS <u>4.01</u>;

<u>7 – Mandatory - Exterior Wall Insulation:</u> SWS <u>4.0202.1</u>; Consider all walls that are part of the conditioned boundary, including walls in buffered spaces such as unconditioned stairways and hallways. Do all exterior walls (including buffered walls) have existing insulation? ☐ **Yes**. Additional wall insulation is not required. Skip to Section 8. \square **No**. If NO, is the gross area of uninsulated exterior walls >10% of total exterior wall area? **Building** Total Gross Area (ft2) Uninsulated Gross Area (ft2) % Uninsulated ☐ **Yes**. Dense pack all uninsulated exterior walls to full capacity. \square **No**. Additional wall insulation is not required. Skip to Section 8. **Uninsulated Wall Location** Gross Area to Insulate (ft2) Wall Cavity Depth (inch) **Insulation Type to Add** Wall prep required before insulating; check all that apply: ☐ Lead-safe work practices ☐ Repairs. Describe: ☐ Insulation must be installed from inside the building

☐ Other: ____

Additional Comments:

<u>8 – Mandatory – Floo</u> i	<u>r Insulation:</u> SWS <u>4.(</u>	<u>03</u> ;					
Foundation spaces are (Check all that apply):		\square Conditioned. Complete sub-section (A) of this page.					
		☐ Unconditioned and/or vented. Complete sub-section (B) of this page.					
(A) Conditioned Found	dations: SMS 4 0401		☐ Slab. Floor insulation is not required. Skip to Section 9.				
(A) <u>Conditioned Found</u>	<u>18110115</u> . 34V3 <u>4.0401</u>	., <u>4.0402</u>					
<u> </u>	ccessible rim/band joi	-			•	ess?	
	☐ Yes . Rim/band jois		•	•	s(b).		
	☐ No . Insulation is re	quired. Comple	te the follov	wing table.			
Foundation Access	Sill Box Height	Perimeter to	Insulate	R-Value to		Insulation Type to Add	
<u>Location</u>	(inches)	(feet)	<u>Add</u>			
Optional : Above-gra	ade foundation walls h	have:	Cavity insula	ation of R19, or to	о сара	icity, if less.	
			Continuous	insulation of R15	or m	ore.	
If <u>NEITH</u>	ER of the above boxes	are checked, th	nen foundat	tion wall insulatio	n is aı	n allowable measure.	
Complete the following t	ahle if this measure is	to he nerforme	hd				
Foundation Access	Above-Ground	Perimeter to		R-Value to		Insulation Type to Add	
<u>Location</u>	Wall Height (feet)	(feet		<u>Add</u>			
(B) <u>Unconditioned or </u>	Vented Foundations	s· SWS 4 03·					
(b) onconditioned or	<u>venteur oundations</u>	<u>,, 5445 <mark>1.00</mark>,</u>					
Are any floors of the con	ditioned areas of the	building(s) unin	sulated and	d adjacent to acco	essibl	e unconditioned	
foundation spaces?	all uninsulated floors	adiacont to ho	atad chaca	to P20 or to full	ioict c	anacity if loss	
	on: No insulation is re	•	-			•	
	ulation is not required.	•		,			
Uninsulated Floor	Gross Area to	Insulate (ft2)	<u>Available</u>	Cavity Depth (inc	<u>:h)</u>	Insulation Type to Add	
<u>Location</u>							
					-		
Do <u>any</u> foundation space						harata latta a a	
	mplete ground moistu SWS <u>2.0202;</u>	ire barrier over	any expose	d dirt floor in spa	ices w	here insulation was	
	oisture barrier is not r	eguired. Skip to	Section 9.				
Additional Comments:							

9 - Optional - General Heat Waste Reduction: □ Install faucet aerators (\leq 2.2 GPM). SWS <u>7.0201.1</u>; Total number of aerators to install: **Number of Aerators Needed Dwelling Units Requiring Aerators** <u>Bath</u> <u>Kitchen</u> \Box Install low-flow showerheads (≤ 2.5 GPM). SWS 7.0201.1; Total number of showerheads to install: Dwelling units requiring showerheads Quantity to each unit ☐ Water heater tank insulation (R-11 minimum). SWS <u>7.0301.2</u>; Total number of water heaters to insulate: **Location of Water Heaters** Tank Capacity (gal) Water heater pipe wrap (Insulate the 6' of cold-water nearest the DWH and any/all accessible hot water line to a minimum of R3). SWS 7.0301.1; Total linear feet of pipes to wrap: _ **Location of Water Heater Pipes** Linear feet to wrap (ft) Pipe Diameter (inch) Total cost of all GHWR measures must not exceed \$250 per eligible dwelling unit Allowable cost = total number of WAP-eligible dwelling units (click here) x \$250 = \$

Additional Comments:

Were any existing refrigerators manufactured prior to 2001? ☐ **Yes**. Replacement is allowed. Replacement refrigerators must be rated to use 400 KWh/yr. or less and cost no more than \$850 each (price includes all materials, labor and safe disposal of old fridge). ☐ **No**. Refrigerator replacement is not allowed based on age. Continue to next question. Building Dwelling Units with pre-2001 refrigerators Total to Replace Were any refrigerators metered? \square Yes. □ No. Did any refrigerators have a metered result or industry accepted resource result of 1000 KWh/yr. or more? ☐ **Yes**. Replacement is allowed. Replacement refrigerators must be rated to use 400 KWh/yr. or less and cost no more than \$850 each (price includes all materials, labor and safe disposal of old fridge). ☐ **No**. Skip to Section 11. **Building** Dwelling Units with refrigerators metered > 1000 KWh/yr. Total to Replace Additional Comments:

<u>10 – Optional - Refrigerator:</u> SWS <u>7.0101.1</u>;

11 - Optional - LED Lighting Replacement of Fluorescent Tube Lighting: SWS 7.0103.1;				
['] □ Ye		lights or fixtures be replaced etails of existing lighting to be tion 12.		ng table.
<u>Fixture</u> <u>Length (ft)</u>	<u>Fixture</u> <u>Quantity</u>	Quantity and Type of Tubes in Each Fixture	<u>Dwelling u</u>	nit numbers / room locations
Repla	l acement ligh	ting will be: □ LED Fixtures	☐ LED T12 tubes	□ LED T8 tubes
Additional Comments:				

☐ Existing window air conditioner (WAC) unit((s) manufactured prior to 2014
Replace with minimum 12 CEER unit(s)	of the same or lesser BTU capacity.
Total number of WAC to install:	<u> </u>
Capacity of each unit:	KBTU
Number of WAC to install per dwelling unit	For dwelling unit numbers:
1	
2	
3	
Additional Comments:	
Additional comments.	
Auditor (printed name):	Auditor signature:

12 - Optional - Room Air Conditioner Replacements: SWS 5.0301 https://sws.nrel.gov/spec/503011