



Manufactured Home Priority List Checklist - Region 3

- The home is a single-wide or double-wide manufactured home. [] True [] False
The home was manufactured before 2010. [] True [] False
The home has an accessible unconditioned subspace. [] True [] False
The home does NOT have an attached conditioned addition. [] True [] False
The primary heating system is NOT a natural gas furnace originally rated for >=80% AFUE. [] True [] False
Incidental Repair cost paid for with DOE funds will be less than \$500. [] True [] False

If you answered False to any of the above questions, then this property is not eligible for use with this checklist.
If you answered True to all questions you may continue with the following checklist items.

Client Name/Job Number: _____ / _____
Address: _____

Number of bedrooms: _____ Number of occupants: _____ Wall Height: _____ ft

Primary heating fuel: _____ Secondary heating fuel: _____

Are there any combustion appliances in the conditioned or unconditioned spaces of the home (this includes any outdoor combustion packaged units)?

- [] Yes. Total #: _____. Use combustion testing form Combustion Safety & Heating Improvement Survey.
[] No. Proceed with this checklist. No combustion safety testing is required.

Use H&S form Educational Notification & Health and Safety Assessment to guide the physical safety inspection of the home.

Completed? [] Yes

Required photos of inspection:

- [] Complete exterior of all sides of dwelling.
[] Foundation area including measurement of insulation depth (if possible).
[] Attic area (if accessible)
[] Measurement of wall thickness, and air sealing locations in the walls.
[] All accessible ducts including areas to repair and seal.
[] All diagnostic testing results (CO, CAZ, SSE, CFM, etc.).

- Data tags (or lack thereof) for all heating/cooling systems, refrigerators, and water heaters.
- Manufacturer's data tag for the mobile home (if possible)
- Flue/chimney for all vented combustion appliances.
- All H&S related issues.
- All Incidental Repair Measures (IRM).

1 – Mandatory – Health and Safety Measures: SWS [2](#), [6](#);

Complete all H&S measures as required.

| <u>H&S Measure</u> | <u>Quantity</u> | <u>Location</u> |
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Additional Comments: _____

2 – Mandatory - LED Lighting: SWS [7.0103.1](#);

Is all screw-based lighting in the home LED? (Consider only lights used a minimum 1 hour per day)

- Yes.** Lighting replacement is not required. Skip to Section 3.
- No.** Provide detail of type, wattage, number to be replaced and location:

| <u>Existing Bulb Type</u> | <u>Wattage</u> | <u>Quantity</u> | <u>Room locations</u> |
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Additional Comments: _____

3 - Mandatory - Air Sealing: SWS [3.01](#), [3.0202.1](#);

Check the box for each item that applies to this home. Add any necessary details to the comments section below.

- Bypasses, penetrations, and/or holes in the ceiling;
- Bypasses, penetrations, and/or holes in the walls;
- Bypasses, penetrations, and/or holes in the floor;
- Exterior door weatherstripping/sweep;

Locations: _____

Other: _____

Additional Comments: _____

4 – Mandatory – Duct Sealing: SWS [5.0105](#), [5.0106.1](#);

Duct Repairs: Are there any significant duct failures that need repair prior to sealing?

- Yes.** List Repairs in Table below.
- No.** Continue with the Duct Sealing Section.

| <u>Duct Repair Location</u> | <u>Square Ft.</u> | <u>Materials</u> |
|-----------------------------|-------------------|------------------|
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Duct Sealing:

Are the following already sealed with mastic?

- Duct end caps **Yes** **No**
- Crossover ducts **Yes** **No**
- Duct boots **Yes** **No**
- Furnace connections **Yes** **No**

Note location of ductwork not sealed with mastic. If all are already sealed with Mastic then skip to [Section 5](#).

| <u>Duct Sealing Locations</u> | <u>Linear Ft.</u> | <u>Materials</u> |
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Additional Comments: _____

5 – Mandatory – Ceiling Insulation: SWS [4.0103](#);

Is the ceiling space (both flat and vaulted ceilings) filled to capacity with blown insulation?

- Yes.** Additional ceiling insulation is not required. Skip to Section 6.
- No.** Insulate ceiling to capacity.

Existing insulation depth: _____ inches

Existing insulation type: _____

Maximum available height for added insulation: _____ inches

Area to insulate _____ ft²

Insulation type to add: _____

Attic prep required before insulating (check all that apply):

- Air sealing (detail in section 3)
- Insulation dams around flue pipe/chimney (quantity needed: _____)
- Other: _____

Additional Comments: _____

6 – Mandatory – Floor/Belly Insulation: SWS [4.0302.9](#);

Is the belly cavity filled to capacity with insulation?

- Yes.** No new insulation is required. Skip to Section 7.
- No.** Install new blown insulation filled to capacity and to proper density (1.25-1.75 lbs./ft³)

Area to insulate _____ ft²

Existing insulation depth: _____ inches

Maximum available depth to insulate: _____ inches

Are repairs needed before insulation can be added?

- Yes.**
Area of belly board that must be repaired or replaced _____ ft²
Other repairs: _____
- No.**

Additional Comments: _____

7 – Mandatory – Window Replacement: SWS [3.0201.9](#)

Are any windows single-paned and metal framed, without storm windows?

- Yes.** Replace eligible windows with Low-E double-paned windows having a U-value of 0.33 or less.
- No.** Window replacement is not an allowable measure. Skip to Section 8.

| <u>Window Quantity</u> | <u>Window Size (inch x inch)</u> | <u>Replacement window frame type</u> | <u>Replacement window U-Value</u> |
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Additional Comments: _____

8 – Optional - General Heat Waste Reduction: Limited to \$250 maximum per home.

- Install faucet aerators (≤ 2.2 GPM). SWS [7.0201.1](#);
Total number of aerators to install: _____
Install in: Kitchen Bath 1 Bath 2 Bath 3

- Install low-flow showerheads (≤ 2.5 GPM). SWS [7.0201.1](#);
Total number of showerheads to install: _____
Install in: Bath 1 Bath 2 Bath 3

- Water heater tank insulation (R-11 minimum). SWS [7.0301.2](#);
Total number of water heaters to insulate: _____

- 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: _____

Additional Comments: _____

9 – Optional - Refrigerator: SWS [7.0101.1](#);

Was the refrigerator manufactured prior to 2001, or can be shown to use >1000 kWh/yr based upon energy use metering or an industry-accepted resource?

- Yes.** Replacement of one (1) fridge is allowed. Replacement refrigerator must be rated to use 400 kWh/yr. or less and cost no more than \$850 (price includes all materials, labor and safe disposal of old fridge).
- No.** Refrigerator replacement is not allowed. Skip to Section 10.

Refrigerator Brand and Model: _____

Refrigerator Size (cu ft): _____

Refrigerator Year of Manufacture: _____

If Year of Manufacture is newer than 2001:

- Refrigerator was metered (Result: _____ kWh/yr)
- Refrigerator usage was derived from an industry-accepted resource (Result: _____ kWh/yr)

Additional Comments: _____

10 – Optional - Primary Room Air-Conditioner Replacements: SWS 5.0301 <https://sws.nrel.gov/spec/503011>

- 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: _____
Capacity of each unit: _____ KBTU

Additional Comments: _____

Auditor (printed name): _____ Auditor signature: _____