

# ENERGY AUDIT DATA COLLECTION/ HEALTH & SAFETY ASSESSMENT

**CLIENT JOB#** 
**CLIENT PHONE NUMBER(S)** 
**DWELLING TYPE**  
**CLIENT NAME** 
**SITE BUILT**  **MULTI 1-4**   
**ADDRESS** 
**MOBILE**  **DUPLEX**   
**# OF OCCUPANTS** 
**SHELTER**  **OTHER**   
**OWNER**  **RENTER** 
**YEAR BUILT**   
**ASSESSMENT DATE** 
**PRIMARY HEATING FUEL** 
**COND. STORIES**  **FLOOR AREA**   
**ASSESSOR NAME**

## 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
<b>Structural Damage</b> *See Health & Safety Plan protocols		No/ Yes
<b>Potential Asbestos Siding</b> *See Health & Safety Plan protocols		No/ Yes
<b>Moisture Intrusion Site/ Drainage/ Gutters &amp; Downspouts</b> *See Health & Safety Plan protocols		No/ Yes

<b>Pest Intrusion/ Prevention/Removal</b>		No/ Yes
*See Health & Safety Plan protocols		
<b>Suspected Paint Containing Lead (pre 1978)</b>		No/ Yes
*Complete LSW & RRP Forms.		
<b>Other</b>		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	RETROFIT
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	W" x H"	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										
WINDOW14										

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	W" x H"	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										

<b>BASEMENT/CRAWLSPACE (HEALTH &amp; SAFETY)</b>	<b>DESCRIPTION/ LOCATION/ SEVERITY</b>	<b>Deferral (No or Yes)/ Referral Options</b>
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**

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**

**Batt Insulation Location**

**Belly Configuration**

**Belly Condition**

Joist Size (in)

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

Location

Square

Good

Loose Insulation (in)

Thickness

Rounded

Average

Flat

Poor

**Floor Belly (Center) Description**

**Batt Insulation Location**

Joist Size (in)

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

Location

Max Depth Belly Cavity (in)

Loose Insulation (in)

Thickness

**MECHANICAL/APPLIANCE (HEALTH & SAFETY)**

**DESCRIPTION/ LOCATION/ SEVERITY**

**Deferral (No or Yes)/ Referral Options**

Heating (CO, Moisture, Electrical, Gas, Operation)

Use HIP/LIHEAP protocols

No/ Yes

*Complete Heater Survey.		
<b>Cooling (Moisture, Electrical)</b>	Use HIP/LIHEAP protocols	No/ Yes
<b>Water Heater (CO, Moisture, Electrical, Gas, Operation)</b>	Use HIP/LIHEAP protocols	No/ Yes
*Complete Heater Survey.		
<b>Ventilation (Attic, Basement, Local, Dryer, Whole House)</b>		No/ Yes
*Complete ASHRAE Checklist & 62.2: Worksheet.		
<b>Space Heater Removal</b>		No/ Yes
*Remove and dispose of unvented space heater. ANSI A21.11.2 labeled secondary units okay.		
<b>Other</b>		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
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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**

<b><u>WATER HEATER</u></b>	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	LOCATION	LAMP TYPE
1. Family	1. Ceiling	1. Standard
2. Kitchen	2. Floor	2. Floor
3. Living	3. Table	3. Other
4. Rec	4. Wall	
5. Dining	5. Closet	
6. Bedroom	6. Other	
7. Bathroom		
8. Utility		

**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

<b>Refrigerator Style</b>	<b>Defrost</b>	<b>Refrigerator Location</b>	<b>Size (CU FT)</b>	<b>Refrigerator Age</b>
1. Top Freezer    4. Sngl Door w/Freezer 2. Side by Side    5. Bottom Freezer 3. Single door    6. Other	1. Automatic 2. Manual 3. Partial Auto	1. Heated Space 2. Unconditioned Space 3. Unintentional Heated		1. < 5 Yrs.      3. < 15 Yrs. 2. < 10 Yrs.    4. > 15 Yrs.

Available Space Dimensions

Height (in)	<input style="width: 90%;" 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: 90%;" 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: 90%;" 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: 90%;" type="text"/>	<u>Defrost</u>
Meter kWh	<input style="width: 90%;" type="text"/>	Manual defrost <input type="radio"/>
Room Temp	<input style="width: 90%;" type="text"/>	Includes defrost Cycle <input type="radio"/>

GARAGE/ STORAGE (HEALTH & SAFETY)	DESCRIPTION/ LOCATION/ SEVERITY	Deferral (No or Yes)/ Referral Options
Garage Air Intrusion		No/ Yes

*Seal all penetrations between garage and living space.		
<b>Return Ducts (if not sealed)</b>		No/ Yes
<b>Electrical/ Fire Hazard</b>		No/ Yes
*See Health & Safety Plan protocols		
<b>Hazardous Chemicals/VOCs</b>		No/ Yes
*High concentrations of hazardous chemicals must be removed from the living space or the unit deferred.		
<b>Clutter/Access</b>		No/ Yes
*Perform removal or correction. Depending on the severity of the clutter.		
<b>Other</b>		No/ Yes

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

**DUCTS / INFILTRATION**

**WHOLE HOUSE BLOWER DOOR MEASUREMENTS**

**INFILTRATION DEDUCTION MEASURES**

	PRE (Initial)	TARGET	POST (Final)
Air Leakage Rate (CFM)	<input type="text"/>	<input type="text"/>	<input type="text"/>
At House Pressure Difference (Pa)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Blower Door Flow Ring	Open <input type="radio"/>	Ring A <input type="radio"/>	Ring B <input type="radio"/> Ring C <input type="radio"/>

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**DUCT OPERATING PRESSURE**

	Duct Operating Pressures Before Duct Sealing	After Duct Sealing (Target)
Supply (Pa)	<input type="text"/>	<input type="text"/>
Return (Pa)	<input type="text"/>	<input type="text"/>

**DUCT BLOWER MEASUREMENTS**

Before Duct Sealing- Initial	Total	Outside	After Duct Sealing- Target	Total	Outside
Fan Flow (CFM)	<input type="text"/>	<input type="text"/>	Fan Flow (CFM)	<input type="text"/>	<input type="text"/>
Duct Pressure (Pa)	<input type="text" value="25"/>	<input type="text" value="25"/>	Duct Pressure (Pa)	<input type="text" value="25"/>	<input type="text" value="25"/>
		<input type="text" value="25"/>			<input type="text" value="25"/>
Duct Blower Flow Ring	Open <input type="radio"/>	Ring 1 <input type="radio"/> Ring 2 <input type="radio"/>	Ring 3 <input type="radio"/>		

**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**

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

**ATTICS**

**UNFINISHED    Attic Type                      Joist Space    Type                      Material**

<b>1. Unfloored</b> <b>2. Floored</b> <b>3. Cathedral/ Flat</b>	<b>1. 16 in</b> <b>2. 18 in</b> <b>3. 24 in</b>	<b>1. Batts</b> <b>2. Blown</b> <b>3. Other</b>	<b>1. Fiberglass</b> <b>2. Rockwool</b> <b>3. Cellulose</b>
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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**

<b>Attic Type</b> <b>1. Outer Ceiling Joist</b> <b>2. Collar Beam</b> <b>3. Knee Wall</b> <b>4. Roof Rafter</b>	<b>Floor Type</b> <b>1. Unfloored</b> <b>2. Floored</b>	<b>Type</b> <b>1. Batts</b> <b>2. Blown</b> <b>3. Other</b>	<b>Material</b> <b>1. Fiberglass</b> <b>2. Rockwool</b> <b>3. Cellulose</b>
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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							

**ATTICS CONTINUED**

**Additional Attic Framing Details**

**Additional Comments**

	<b>Exist</b>	<b>Add</b>		<b>Yes</b>	<b>No</b>
Hatch	<input type="radio"/>	<input type="radio"/>	Block Recess Lighting	<input type="radio"/>	<input type="radio"/>
Staircase Box	<input type="radio"/>	<input type="radio"/>	Flash chimney Chase	<input type="radio"/>	<input type="radio"/>
Baffles	<input type="radio"/>	<input type="radio"/>	Duct Exhaust Outside	<input type="radio"/>	<input type="radio"/>
Foam/ WS Hatch	<input type="radio"/>	<input type="radio"/>	Insulate Exhaust Duct (Non Conditioned Area)	<input type="radio"/>	<input type="radio"/>
Insulate Walk up Attic Staircase/ Walls	<input type="radio"/>	<input type="radio"/>	Flag Junction Boxes	<input type="radio"/>	<input type="radio"/>
Knee-wall door	<input type="radio"/>	<input type="radio"/>	Insulate/air-seal Attic floor drops	<input type="radio"/>	<input type="radio"/>
Knee-wall door Insulate/ W/S	<input type="radio"/>	<input type="radio"/>			

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**MOBILE HOME CEILING**

Roof Type	Roof Color	Existing Insulation	Type	Color	Insulation	Depth (in)	Roof Height at Center
<b>1. Bowstring</b> <b>2. Flat</b> <b>3. Pitched</b>	<b>1. Reflective</b> <b>2. Shaded</b> <b>3. Normal</b>	<b>1. Batt/Blanket</b> <b>2. Loose Fill</b> <b>3. Foam Core</b> <b>4. None</b>					