

ENERGY AUDIT

Agency's Logo	Job Number			
	Auditor's Name		Audit Date	
	Utility Companies			
	Primary Heat Source		Secondary Heat Source	
	Add. Heat Sources			
	How was energy education provided to the client?			

Client information		Property Details			
Name		Housing Type			Year Built
Phone		Ceiling Height		Area	Volume
Address		No. Bed		No. Bath	No. Stories

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Health and Safety Assessment	
List any and all H&S issues found	CO Detector(s) installed by agency
	Smoke alarm(s) installed by agency
	Radon Risk
	Link to OHA's Radon Map

Foundation/Crawlspace						N/A
Foundation type					Total perimeter	
Ext perimeter		Buffer length		Height above grade		Thickness
Condition of MH skirting					LnFt to be replaced/fixed	
Crawl space venting adequate?		No. vents to be added		No. vents to be re-screen		
Crawlspace access location			Work needed			
Crawl moisture						

Rim & Band joist						N/A
Location 1						
Length		Height		R-Value	R-Value to be added	
Location 2						
Length		Height		R-Value	R-Value to be added	

Water lines			
Locations			
Total LFt.		Insulate?	
Any leaks?			

Dryer venting			
Location			
Replace		LnFt	
Replace termination cap			
No work needed			

Basement		N/A
Total sqft		Sqft of cond. space
Sump pump condition		

Floor								N/A
Ground cover needed.		Sqft		Conditioned Slab?		Sqft		
Floor covering type				Location				
Area 1								
Name								
SqFt		Joist size		Joist spacing		R-Value		R-Value to be added
Area 2								N/A
Name								
SqFt		Joist size		Joist spacing		R-Value		R-Value to be added
Area 3								N/A
Name								
SqFt		Joist size		Joist spacing		R-Value		R-Value to be added

Walls									
Area 1									
Wall type/location						Siding type			
Height		Length		SqFt		Stud size		Stud spacing	
R-Value				R-Value to be added					
Area 2								N/A	
Wall type/location						Siding type			
Height		Length		SqFt		Stud size		Stud spacing	
R-Value				R-Value to be added					

Walls (continued)									
Area 3									N/A
Wall type/location					Siding type				
Height		Length		SqFt		Stud size		Stud spacing	
R-Value				R-Value to be added					
Area 4									N/A
Wall type/location					Siding type				
Height		Length		SqFt		Stud size		Stud spacing	
R-Value				R-Value to be added					

Attic/Roof									
Roofing Material Type					Attic access location				
					Access type				
					Work needed				
					# Recessed lights		Type		
Area 1									
Attic type				Sqft		Insulation type			
Framing size		Framing spacing		Existing R-Value			R- Value to be added		
Area 2									N/A
Attic type				Sqft		Insulation type			
Framing size		Framing spacing		Existing R-Value			R- Value to be added		
Area 3									N/A
Attic type				Sqft		Insulation type			
Framing size		Framing spacing		Existing R-Value			R- Value to be added		
Area 4									N/A
Attic type				Sqft		Insulation type			
Framing size		Framing spacing		Existing R-Value			R- Value to be added		

Duct System										N/A			
System 1													
Type					Location								
Material					LnFt			Duct size					
Existing R-Value						R- Value to be added							
System 2												N/A	
Type					Location								
Material					LnFt			Duct size					
Existing R-Value						R- Value to be added							
System 3												N/A	
Type					Location								
Material					LnFt			Duct size					
Existing R-Value						R- Value to be added							

Mechanical Equipment & Appliances																	
Baseloads											N/A						
Change standard light bulbs to LED's					How many			Notes									
Light fixtures work?			Notes														
Outlets work?			Notes														
Wall switches work?			Notes														
Has any electrical work been done?					When?				Permits obtained?								
Is there a freezer?			Notes														
Showers/week				Oven			Uses/week			Stove			Uses/week				
Dishwasher				Uses/week			Microwave						Uses/week				
Clothes washer				Uses/week			Clothes dryer					Type			Uses/week		

Electrical Panel													
Type					Location					Amperage			
Dead front			Evaluate for replacement					Is there a subpanel			Location		

Domestic Water Heater						Refrigerator											
Location						Replace				Manufacturer				Replace			
Closet Dimensions									Model Number								
Type					Capacity				Serial Number								
Manufacturer						Energy Factor				Size			Space available				
Model Number									KW/HR				Duration of test				

Mechanical Equipment & Appliances (continued)

Exhaust Fans

Location	Existing?	Replace	Is a damper needed?	If the fan/switch needs replacement, specify type to be installed.
Kitchen				
Hall bath				
Master bath				

Main Heating System

Type				Service		
Fuel Type		Location				
Manufacturer				Replace		
Model Number						
Serial Number				SEER		
Output Capacity (BTU/HR)				AFUE		
Closet Dimensions						
Thermostat type		Filter size				

Additional heating/cooling system 1

N/A

Type				Service		
Fuel Type		Location				
Manufacturer				Replace		
Model Number						
Serial Number				SEER		
Output Capacity (BTU/HR)				AFUE		
Closet Dimensions						

Additional heating/cooling system 2

N/A

Type				Service		
Fuel Type		Location				
Manufacturer				Replace		
Model Number						
Serial Number				SEER		
Output Capacity (BTU/HR)				AFUE		
Closet Dimensions						

Windows											
North Windows						East Windows					
Replace	#	Type	Width (in)	Height (in)	Area (Sqft)	Replace	#	Type	Width (in)	Height (in)	Area (Sqft)
	1						1				
	2						2				
	3						3				
	4						4				
	5						5				
	6						6				
	7						7				
	8						8				
	9						9				
	10						10				
	11						11				
	12						12				
Total sqft for North windows:						Total sqft for East windows:					
West Windows						South Windows					
Rep	#	Type	Width (in)	Height (in)	Area (Sqft)	Rep	#	Type	Width (in)	Height (in)	Area (Sqft)
	1						1				
	2						2				
	3						3				
	4						4				
	5						5				
	6						6				
	7						7				
	8						8				
	9						9				
	10						10				
	11						11				
	12						12				
Total sqft for West windows:						Total sqft for South windows:					
Overhang notes											
Shading notes											

Doors

Name	Type	Thickness (in)	Width (in)	Height (in)	Area (Sqft)	Condition/Work needed

General Auditor's Notes

Auditor's Signature

Date

This image shows a full page of blank graph paper. The grid consists of small, equal-sized squares formed by thin black lines. There are no margins, text, or other markings on the page.

DIAGNOSTIC TESTING REPORT

Auditor's Name:				Job Number:			
Inspector's Name:							

SqFt of home:	Vol. of cond. space:	Wind speed conditions	Outside Temp
Dwelling Height (ASHRAE):		Audit	
No. of bedrooms:	No. of occupants:	Inspection	

Blower Door			
	CFM @ 50Pa	Baseline	Door used
Pre			
Post			

Duct Blaster @50pa @25pa			
Duct Leakage	Fan location	Tap Location	Ring

Pre - BD CRF Calculation	Post - BD CRF Calculation
$\left\{ \frac{50 \text{ Pa}}{\text{Current Test Pressure (Pa)}} \right\}^{0.65} = \text{CRF factor} \times \text{CFM}$	$\left\{ \frac{50 \text{ Pa}}{\text{Current Test Pressure (Pa)}} \right\}^{0.65} = \text{CRF factor} \times \text{CFM}$

"CRF" Blower Door	
Pre	
Post	

Water Temperature	
Adjusted?	
Pre	
Post	

Total Ext. Static Pressure		
Return	Supply	Total

Temp Rise		
Return	Supply	Total

Dom Duct Leakage

Zonal Pressures		
Location	Pre	Post
Att. Gar		
Ext. MH CAZ		

Exhaust Fans				
Location	Openable Window	Pre	Post	Cont flow
Hall bath				
Master bath				
Kitchen				

Room Pressures		WRTMB	WRTO
Room	Pre	Post	Remediation

Pressure Pan Test						
Location	Pre	Post		Location	Pre	Post

Audit Notes

Inspection Notes

Auditor's Signature

Date

Inspector's Signature

Date

DIAGNOSTIC TESTING REPORT (cont.)

COMBUSTION TESTS

	Pre	Post		Pre	Post
Gas Lines Tested			Gas Flex Line(s) pre-1973?		
Flue Pipe(s) Inspection			Replace if "YES"		
			CO Ambient (house)		
			Air Handler or nearest supply		

Equipment Type	CO		CO (Air Free)		W. C. for CAZ		Spillage		Draft (W.C.)		Draft (Natural)		Roll-Out	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
Furnace														
DWH														
Oven					Acceptable minimum draft calculation:				Pre		- 100 ÷ 20 =			
									Post		- 100 ÷ 20 =			

Audit W.C. Set up:		Insp. W.C. Set up:	
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Audit Notes

Inspection Notes

Auditor's & Signature

Date

Inspector's Signature

Date

House Depressurization Limits (HDLs)

Appliance Type	HDL (Pascals)
Atmospherically drafting appliances	-3
Fireplace (wood or gas) unlined chimneys on exterior wall	-3
Fireplace (wood or gas) metal lined insulated or interior chimneys	-4
Gas Furnace/Boiler, Category I or Category I fan assisted, open-combustion appliances	-5
Power Vented Category I appliances	-15
Direct Vent—Sealed Combustion Category IV appliances	-25
Direct Vent solid fuel appliance with outside combustion air. (Pellet Stoves, EPA Inserts, etc.)	-15
Closed, controlled wood-burning appliances (Woodstoves)	-7