

Client Address: _____ **OK**
Street City State Zip

<i>CO Testing</i>	Exterior CO ppm	Interior CO ppm
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Initial Audit	
Post Wx	
QCI	
ODOC QA	

Oven	ppm
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Initial Audit	
Post Wx	
QCI	
ODOC QA	

ppm

<u>Smoke Alarm(s):</u>	# to Install	# Present
Location(s):		

<u>Carbon Monoxide Detector(s):</u>		# to Install		# Present
Location(s):				

<u>Fire Extinguisher:</u>		# to Install		# Present
Location(s):				

- ☐ Heating or Cooling System
- ☐ Water Heater
- ☐ Electrical
- ☐ Illegal Substances Present
- ☐ Building Structure
- ☐ Radon
- ☐ Lead Paint
- ☐ Mold and Moisture Issues
- ☐ Code Compliance Issues-List What Specific Code Violation Was Triggered (*see Reg. 307 for reference*)
- ☐ Combustion Gases / Fuel Leaks
- ☐ Ventilation / Indoor Air Quality
- ☐ Formaldehyde, VOCs, Flammable Liquids
- ☐ Hazardous Material Disposal
- ☐ Biological Contaminants / Pollutants / Pests
- ☐ Injury / Occupant Health and Safety Concerns
- ☐ Client Refusal of Wx Measures
- ☐ Abusive Client / Occupant / Aggressive Pets

Provide To All clients : "EPA's A Brief Guide to Mold and Moisture " , obtain signature on applicable form..

Diagnostics:

Blower Door

Projected Post "Target" CFM₅₀

	CFM ₅₀	Ring	Time AV	Temp.	Wind est.	Comments
Initial Audit						
Post Wx						
QCI						
ODOC QA						

Zonal

House to Attic Garage H/crawl Other_____

Comment

Initial Audit					
Post Wx					
QCI					
ODOC QA					

Pressure Pan: Register Locations

Initial pa

Post pa

QCI

ODOC QA

1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Room Pressure

Location

Initial pa

Post pa

QCI

ODOC QA

1				
2				
3				
4				
5				
6				
7				
8				

Dominant

Duct

With AH on

With AH off

Comments

Initial Audit	pa	pa	
Post Wx	pa	pa	
QCI	pa	pa	
ODOC QA	pa	pa	

Isolated CAZ

Date Isolated:	w/o BD	w/BD
/ /	pa	pa
QCI	pa	pa
ODOC QA	pa	pa

CAZ Testing

Ambient	Initial Audit ppm:		Post ppm:		QCI ppm:		QA ppm:	
CAZ CO								

For multiple
combustion
WHs or HVACs,
Primary = #1,
Secondary =#2

	↓ Worst Case CAZ Depressurization: ↓ *See actions listed below this chart				↓ Combustion Appliance Testing ↓ Commonly Vented See Below			
	Manometer - CAZ Door Open	Manometer - CAZ Door Closed	Manomete r w/ Air Handler OFF	Manometer w/ Air Handler ON	WH Spillage (2 min) Pass or Fail	Furnace Spillage (2 min) Pass or Fail	WH CO Air Free (5 min)	Furnace CO Air Free (5 min)
Initial Audit								
Day 1								
Date:								
Day 2								
Date:								
Day 3								
Date:								
Day 4								
Date:								
Day 5								
Date:								
Post Wx								
Date:								
QCI								
ODOC QA								

*CAZ DOOR: Leave CAZ Door OPEN or CLOSED during Spillage and CO, based on which reading above is the most NEGATIVE

*AIR HANDLER: Leave Air Handler ON or OFF during Spillage and CO, based on which reading above is the most NEGATIVE

*Commonly Vented Appliances: Turn on HVAC while testing WH Spillage, after 2 minutes of HVAC running, RETEST WH Spillage then immediately test HVAC Spillage.

Combustion Air

Vertical

Horizontal

Door

Single

Location

Existing

Required

Initial Audit						in	in
Post Wx						in	in
QCI						in	in
ODOC QA						in	in

Existing Exhaust Fan Flow

	CFM: Kitchen	Bath 1 with shower or bath	Bath 2 with shower or bath	Bath 3 with shower or bath	Rooms w/Openable Window(s)	Comment
Initial Audit						
Post Wx						
QCI						
ODOC QA						

If ASHRAE Requires - Ventilation Fan Install

of Bedrooms + 1 = ____

Continuous

OR

Intermittent

Required CFM _____

cfm per hr _____ minutes per hr _____

	CFM Measured	Switch Plate labeled	Comments
Post Wx		cfm Yes No	
QCI		cfm Yes No	
ODOC QA		cfm Yes No	

Maximum amount of Allowable Duct Leakage

(House SF _____ ÷ 500 = ____) X 400 = ____ cfm X .06 = ____ Max Leakage

OR Unit Tons _____ X 400 = ____ cfm X .06 = ____ Max Leakage

Total Duct Leakage Results

Initial Audit	/25	ring A B C	Pre MUST be Actual	
Post Wx	/25	ring A B C	Post MUST be Actual	
QCI	/25	ring A B C	Post MUST be Actual	
ODOC QA	/25	ring A B C	Post MUST be Actual	

Duct leakage to outside Results

Initial Audit	/25	ring A B C	Pre MUST be Actual	
Post Wx	/25	ring A B C	Post MUST be Actual	
QCI	/25	ring A B C	Post MUST be Actual	
ODOC QA	/25	ring A B C	Post MUST be Actual	

Site Diagram

↑ North East South West ↑

A large rectangular area filled with a grid of small, evenly spaced dotted lines, intended for drawing a site diagram.

Energy Audit Details

Site Built

Exterior Wall Height _____ Overall SF _____

Exterior Walls: (Wall, Window, and Door #'s must match #'s on Site Diagram)

#	R-	SF	Balloon/Platform	Wood/Vinyl/Brick/Other	N	S	E	W	2x4	2x6	Buffered/Exposed
#	R-	SF	Balloon/Platform	Wood/Vinyl/Brick/Other	N	S	E	W	2x4	2x6	Buffered/Exposed
#	R-	SF	Balloon/Platform	Wood/Vinyl/Brick/Other	N	S	E	W	2x4	2x6	Buffered/Exposed
#	R-	SF	Balloon/Platform	Wood/Vinyl/Brick/Other	N	S	E	W	2x4	2x6	Buffered/Exposed
#	R-	SF	Balloon/Platform	Wood/Vinyl/Brick/Other	N	S	E	W	2x4	2x6	Buffered/Exposed
#	R-	SF	Balloon/Platform	Wood/Vinyl/Brick/Other	N	S	E	W	2x4	2x6	Buffered/Exposed
#	R-	SF	Balloon/Platform	Wood/Vinyl/Brick/Other	N	S	E	W	2x4	2x6	Buffered/Exposed
#	R-	SF	Balloon/Platform	Wood/Vinyl/Brick/Other	N	S	E	W	2x4	2x6	Buffered/Exposed
#	R-	SF	Balloon/Platform	Wood/Vinyl/Brick/Other	N	S	E	W	2x4	2x6	Buffered/Exposed
#	R-	SF	Balloon/Platform	Wood/Vinyl/Brick/Other	N	S	E	W	2x4	2x6	Buffered/Exposed

Wall Insulation: ☐ Not Needed ☐ Needed Wall #(s) _____

Insulation Install Type: _____

Exterior Windows:

Type: S(Slider) J(Jalousie) A(Awning) F(Fixed)

Wall Window #

Leakiness: VT (Very Tight) T(Tight) M (Medium) L (Loose) VL (Very Loose)

		X	S	J	A	F	- Wood/Vinyl	Metal	- Single	Double	Storm	- VT	T	M	L	VL
		X	S	J	A	F	- Wood/Vinyl	Metal	- Single	Double	Storm	- VT	T	M	L	VL
		X	S	J	A	F	- Wood/Vinyl	Metal	- Single	Double	Storm	- VT	T	M	L	VL
		X	S	J	A	F	- Wood/Vinyl	Metal	- Single	Double	Storm	- VT	T	M	L	VL
		X	S	J	A	F	- Wood/Vinyl	Metal	- Single	Double	Storm	- VT	T	M	L	VL
		X	S	J	A	F	- Wood/Vinyl	Metal	- Single	Double	Storm	- VT	T	M	L	VL
		X	S	J	A	F	- Wood/Vinyl	Metal	- Single	Double	Storm	- VT	T	M	L	VL
		X	S	J	A	F	- Wood/Vinyl	Metal	- Single	Double	Storm	- VT	T	M	L	VL
		X	S	J	A	F	- Wood/Vinyl	Metal	- Single	Double	Storm	- VT	T	M	L	VL
		X	S	J	A	F	- Wood/Vinyl	Metal	- Single	Double	Storm	- VT	T	M	L	VL
		X	S	J	A	F	- Wood/Vinyl	Metal	- Single	Double	Storm	- VT	T	M	L	VL
		X	S	J	A	F	- Wood/Vinyl	Metal	- Single	Double	Storm	- VT	T	M	L	VL
		X	S	J	A	F	- Wood/Vinyl	Metal	- Single	Double	Storm	- VT	T	M	L	VL
		X	S	J	A	F	- Wood/Vinyl	Metal	- Single	Double	Storm	- VT	T	M	L	VL
		X	S	J	A	F	- Wood/Vinyl	Metal	- Single	Double	Storm	- VT	T	M	L	VL
		X	S	J	A	F	- Wood/Vinyl	Metal	- Single	Double	Storm	- VT	T	M	L	VL
		X	S	J	A	F	- Wood/Vinyl	Metal	- Single	Double	Storm	- VT	T	M	L	VL
		X	S	J	A	F	- Wood/Vinyl	Metal	- Single	Double	Storm	- VT	T	M	L	VL
		X	S	J	A	F	- Wood/Vinyl	Metal	- Single	Double	Storm	- VT	T	M	L	VL
		X	S	J	A	F	- Wood/Vinyl	Metal	- Single	Double	Storm	- VT	T	M	L	VL

Windows: ☐ Not Needed ☐ Needed Replacement Window #(s) _____

Replacement Storm Window #(s) _____

Site Built Energy Audit Data Collection Form

Exterior Doors:

Wall	Door #		S(Steel)	H(Hollow Core)	W(Solid Wood)	SS(Single Pane Slider)	DS(Double Pane Slider)	Storm:	Adequate	Deteriorated	Leakiness: T(Tight) M (Medi)
		X	RH LH	S H W	SS DS			Storm: None	Adequate	Deteriorated	T M L
		X	RH LH	S H W	SS DS			Storm: None	Adequate	Deteriorated	T M L
		X	RH LH	S H W	SS DS			Storm: None	Adequate	Deteriorated	T M L
		X	RH LH	S H W	SS DS			Storm: None	Adequate	Deteriorated	T M L
		X	RH LH	S H W	SS DS			Storm: None	Adequate	Deteriorated	T M L

Doors: ☐ Not Needed ☐ Needed Replacement Door #(s)_____

Site Built Attic(s):

Roof Type: Cathedral Pitched Flat
Roof Material: Normal/Weathered White/Reflective

Attic 1 Type: Floored - Unfloored - Flat Roof / Joist Spacing: _____" / Area Sq Ft: _____

☐ Conditioned Space ☐ Unconditioned Space ☐ Unintentionally Conditioned Space

Attic 2 Type: Floored - Unfloored - Flat Roof / Joist Spacing: _____" / Area Sq Ft: _____

☐ Conditioned Space ☐ Unconditioned Space ☐ Unintentionally Conditioned Space

Attic Access Location(s): _____

Existing Insulation Type: _____ Existing Depth: _____"

Added Insulation Type: _____ **Installed R-Value:** _____ **Installed Depth:** _____"

- ☐ Junction Box Flags # of Flags _____ ☐ Wx / Seal / Insulate Access
- ☐ Insulation Depth Markers # of Markers _____ ☐ Flues/Chimneys # to Dam _____
- ☐ Installed Access Size _____X_____ ☐ Recessed/Can Lights # to Wx _____
- ☐ Cavities/Chases # to Wx _____ ☐ Baffles # to Install _____

Specific Air Infiltration Locations: ☐ All Measures are on Notes Page ☐ Detailed Work Order Attached

Crawlspace: Access Location: _____ Accessible Not Accessible

Foundation SF _____ Joist 4" 6" 8" Existing Insulation: _____ R-Value: - _____ Perimeter _____

Lowest Clearance Point: _____" Condition: Good Average Poor Standing Water Unsanitary

☐ Conditioned ☐ Slab ☐ Unconditioned ☐ Unintentionally Conditioned

Access ☐ Needed ☐ N/A Vapor Barrier ☐ Needed ☐ Not Needed

Insulation ☐ Needed ☐ Not Needed Entrance Signage (if moisture barrier installed) ☐ Needed ☐ Not Needed

Added Insulation Type: _____ Installed R-Value: _____ Installed Depth: _____"

Specific Air Infiltration Locations: ☐ All Measures are on Notes Page ☐ Detailed Work Order Attached

Living room:

☐ ____ # of CFL or LED Replacements in Living room	Locations:
Specific Air Infiltration Locations: ☐ All Measures are on Notes Page ☐ Detailed Work Order Attached	

Bedroom(s): Number of Bedrooms: _____

☐ ____ # of CFL or LED Replacements in Bedrooms	Locations:
Specific Air Infiltration Locations: ☐ All Measures are on Notes Page ☐ Detailed Work Order Attached	

Bathroom(s): Number of Bathrooms: _____

☐ ____ # of CFL or LED Replacements in Bathroom(s)	Bathroom(s) # _____
☐ Low Flow Showerhead(s) Bathroom(s) # _____	_____ # Needed ☐ Not Needed
☐ Wx Plumbing Penetrations Bathroom(s) # _____	_____ # Needed ☐ Not Needed
☐ Bathroom Exhaust Ventilation Bathroom(s) # _____	_____ # Needed ☐ Not Needed
Specific Air Infiltration Locations: ☐ All Measures are on Notes Page ☐ Detailed Work Order Attached	

Hallway:

☐ ____ # of CFL or LED Replacements in Hallway	Locations:
Specific Air Infiltration Locations: ☐ All Measures are on Notes Page ☐ Detailed Work Order Attached	

Laundry Room:

☐ ____ # of CFL or LED Replacements in Laundry Room	Locations:
☐ Wx Plumbing Penetrations	☐ Needed ☐ Not Needed
☐ Dryer Vent Replace or Wx	☐ Needed ☐ Not Needed
Specific Air Infiltration Locations: ☐ All Measures are on Notes Page ☐ Detailed Work Order Attached	

Kitchen:

☐ ____ # of CFL or LED Replacements in Kitchen	Locations:
☐ Refrigerator Top Freezer / Side By Side	☐ Replace ☐ Don't Replace
<i>Manufacturer</i>	<i>Model</i>
<i>Kwh/yr: _____ Age _____ yrs Seal: good poor Metered: Yes No Meter Min: _____ Kwh: _____</i>	
☐ Cook stove Exhaust Ventilation	☐ Needed ☐ Not Needed
☐ Wx Plumbing Penetrations	☐ Needed ☐ Not Needed
Specific Air Infiltration Locations: ☐ All Measures are on Notes Page ☐ Detailed Work Order Attached	

Total # of CFL's / LED's Needed _____

Primary Heating System

Manufacturer	Model #	Serial #
Existing Unit Type: ☐ Wall ☐ Floor ☐ Central		
☐ Unconditioned Space		
Fuel Type: ☐ Electric Portable ☐ Heated Space ☐ Electric ☐ Propane (LP) ☐ No Input		
☐ Unvented Space Heater ☐ Vented Space Heater ☐ Wood or Pellet Stove ☐ Unintentionally Heated Space ☐ Natural Gas ☐ Wood ☐ kBTU/Hr Gals/Hr Kw Other		
Drip Leg Sediment Trap Present ☐		
Input Units: _____		
Input Rating: _____		
Efficiency Rating %: 90 80 70		
Actual Measured Efficiency: _____%		
Heat Pump HSPF or Yr Purchased: _____		
☐ Pilot / IID		
Condition: Good Fair Poor		
Duct Location: ☐ Floor ☐ Ceiling ☐ Wall		
Duct Insulation: R- _____ R- _____ R- _____		

Audit Notes:

Secondary Heating System

Manufacturer	Model #	Serial #
Existing Unit Type: ☐ Wall ☐ Floor ☐ Central		
☐ Unconditioned Space		
Fuel Type: ☐ Electric Portable ☐ Heated Space ☐ Electric ☐ Propane (LP) ☐ No Input		
☐ Unvented Space Heater ☐ Vented Space Heater ☐ Wood or Pellet Stove ☐ Unintentionally Heated Space ☐ Natural Gas ☐ Wood ☐ kBTU/Hr Gals/Hr Kw Other		
Drip Leg Sediment Trap Present ☐		
Input Units: _____		
Input Rating: _____		
Efficiency Rating %: 90 80 70		
Actual Measured Efficiency: _____%		
Heat Pump HSPF or Yr Purchased: _____		
☐ Pilot / IID		
Condition: Good Fair Poor		
Duct Location: ☐ Floor ☐ Ceiling ☐ Wall		
Duct Insulation: R- _____ R- _____ R- _____		

Cooling System(s)				
Unit 1: ☐ Central Unit ☐ Window A/C ☐ Heat Pump				
<i>Manufacturer</i> _____	<i>Model #</i> _____	<i>Serial #</i> _____		
Size (kBtu/hr) _____	<i>SEER</i> _____ <i>or EER</i> _____ <i>or Year</i> _____	<i>Area Cooled</i> _____		
Duct Location: ☐ None ☐ Floor ☐ Ceiling ☐ Wall				
Duct Insulation: R- _____ R- _____ R- _____				
Unit 2: ☐ Central Unit ☐ Window A/C ☐ Heat Pump				
<i>Manufacturer</i> _____	<i>Model #</i> _____	<i>Serial #</i> _____		
Size (kBtu/hr) _____	<i>SEER</i> _____ <i>or EER</i> _____ <i>or Year</i> _____	<i>Area Cooled</i> _____		
Duct Location: ☐ None ☐ Floor ☐ Ceiling ☐ Wall				
Duct Insulation: R- _____ R- _____ R- _____				
Unit 3: ☐ Central Unit ☐ Window A/C ☐ Heat Pump				
<i>Manufacturer</i> _____	<i>Model #</i> _____	<i>Serial #</i> _____		
Size (kBtu/hr) _____	<i>SEER</i> _____ <i>or EER</i> _____ <i>or Year</i> _____	<i>Area Cooled</i> _____		
Duct Location: ☐ None ☐ Floor ☐ Ceiling ☐ Wall				
Duct Insulation: R- _____ R- _____ R- _____				
Unit 4: ☐ Central Unit ☐ Window A/C ☐ Heat Pump				
<i>Manufacturer</i> _____	<i>Model #</i> _____	<i>Serial #</i> _____		
Size (kBtu/hr) _____	<i>SEER</i> _____ <i>or EER</i> _____ <i>or Year</i> _____	<i>Area Cooled</i> _____		
Duct Location: ☐ None ☐ Floor ☐ Ceiling ☐ Wall				
Duct Insulation: R- _____ R- _____ R- _____				
Audit Notes:				

Water Heater 1

Manufacturer	Model #	Serial #
Fuel Type:	☐ Electric	☐ Natural Gas ☐ Propane (LP)
Location Description(s):		
☐ Unconditioned Space	☐ Heated Space	☐ Unintentionally Heated Space
# of Gallons Existing:		☐ kBTU / kW
Rated Input :		Energy Factor:
Recovery Efficiency %:		☐ Unit Working Not Working
R - Value:		Estimated Actual Efficiency: %
Drip Leg Sediment Trap Present ☐	Water Heater Wrap: ☐ Present ☐ Not Present	
	Water Heater Pipe Insulation: ☐ Present ☐ Not Present	

Water Heater 2

Manufacturer	Model #	Serial #
Fuel Type:	☐ Electric	☐ Natural Gas ☐ Propane (LP)
Location Description(s):		
☐ Unconditioned Space	☐ Heated Space	☐ Unintentionally Heated Space
# of Gallons Existing:		☐ kBTU / kW
Rated Input :		Energy Factor:
Recovery Efficiency %:		☐ Unit Working Not Working
Existing R - Value:		Estimated Actual Efficiency: %
Drip Leg Sediment Trap Present ☐ Not Present ☐	Water Heater Wrap: ☐ Present ☐ Not Present	
	Water Heater Pipe Insulation: ☐ Present ☐ Not Present	

Audit Notes:

Electrical

☐ Breaker Box - Voltage/Amps:

 Location

Additional Instructions / Notes:

☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

NEAT Audit Recommendation Deviations

☐

NEAT Recommendation:

Reason for Deviation:

☐

NEAT Recommendation:

Reason for Deviation:

☐

NEAT Recommendation:

Reason for Deviation:

☐

NEAT Recommendation:

Reason for Deviation: