

Mobile Home Energy Audit Data Collection Form

Initial Audit Date: Post Date QCI Date ODOC QA Date

Client Name: _____ **Phone:** _____

Job Number: _____

Client Address:
OK

Street	Lot #	City	State	Zip
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Agency Name: _____ **Phone:** _____

<i>CO Testing</i>	Exterior CO ppm	Interior CO ppm
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CO Testing

Initial Audit		
Post Wx		
QCI		
ODOC QA		

Gas Leak Testing - Pass or Fail

Initial Audit	
Post Wx	
QCI	
ODOC QA	

<i>Cookstove</i>	Oven	ppm
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Initial Audit	
Post Wx	
QCI	
ODOC QA	

Burners
ppm

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

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

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

***Identified As Possible Health and Safety Issues:**

- ☐ 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 Client Education specific to above checked items, obtain signature on applicable form AND

Provide To All clients: "EPA's A Citizen's Guide to Radon " and obtain signature on applicable form.

Provide To All clients : "EPA's Renovate Right " Booklet and obtain signature on applicable form.

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				

CAZ Testing

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

Maximum amount of Allowable Duct Leakage

(Mobile Home 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	

Existing Exhaust Fan**Flow**

CFM: Kitchen

Bath 1 with
shower or
bathBath 2 with
shower or
bathBath 3 with
shower or
bathRooms
w/Openable
Window(s)

Comment

Initial Audit						
Post Wx						
QCI						
ODOC QA						

**If ASHRAE Requires -
Ventilation Fan Install**

of Bedrooms + 1 = ____

Continuous**OR****Intermittant**

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	

Site Diagram

↑ **North** **East** **South** **West** ↑

Audit Information:

Dimensions: Length (ft) _____ Width (ft) _____ Exterior Wall Height (ft) _____

Wind Shielding: Well Shielded Normal Shielding Exposed

Home Leakiness: Tight Medium Loose Outdoor Water Heater Closet ☐

Walls:

Wall Stud Size: 2x2 2x3 2x4 2x6
 Orientation of Long Wall: North South East West
 Wall Ventilation: Vented Not Vented

Carport

Length (ft) _____
 Width (ft) _____

Covered Porch

Length (ft) _____
 Width (ft) _____

Existing Insulation:

Batt/Blanket (in) _____
 Loose Fill (in) _____
 Foam Core (in) _____

Uninsulatable Wall Area (sq ft) _____

Comments:

Ceiling:

Roof Color: White, Reflective, or Shaded Normal or Weathered

Roof Type: Bowstring Flat Joist Size Pitched

Height of Roof at Center (in): _____

2x4 2x6 2x8

Insulation to Add at Center (in): _____

Existing Insulation:

Batt/Blanket (in) _____
 Loose Fill (in) _____
 Foam Core (in) _____

Cathedral Ceiling (%) _____

Step Wall Orientation North South East West None

Comments:

Floor:

Floor Joist Direction: Lengthwise Widthwise

Skirting Present ☐

Floor Wing Description:

Floor Joist Size 2x4 2x6 2x8

Loose Insulation Thickness (in) _____

Batt/Blanket Insulation Location

Attached to Flooring Between Joists
 Attached Under Joists None

Batt/Blanket Thickness (in) _____

Comments:

Floor Belly (Center) Description:

Floor Joist Size 2x4 2x6 2x8

Belly Cavity Configuration Square Rounded Flat

Condition of Belly Good Average Poor

Maximum Depth of Belly Cavity (in) _____

Loose Insulation Thickness (in) _____

Batt/Blanket Insulation Location

Attached to Flooring Between Joists
 Attached Under Joists Draped Below Joists None

Batt/Blanket Thickness (in) _____

Windows:**Window #1** Dimensions: Width (in) _____ Height (in) _____

Number Facing: North _____ South _____ East _____ West _____

Window Type: Jalousie Awning Slider Fixed Door Window Sliding Glass Door Skylight

Frame Type: Wood or Vinyl Metal Improved Metal

Glazing Type: Single Pane with Glass Storm with Plastic Storm Double Pane with Glass Storm with Plastic Storm

Interior Shading: Drapes Blinds or Shades Drapes with Blinds or Shades None

Exterior Shading: Awning Carport or Porch Low E Film Sun Screen None

Leakiness: Very Tight Tight Medium Loose Very Loose

Window #2 Dimensions: Width (in) _____ Height (in) _____

Number Facing: North _____ South _____ East _____ West _____

Window Type: Jalousie Awning Slider Fixed Door Window Sliding Glass Door Skylight

Frame Type: Wood or Vinyl Metal Improved Metal

Glazing Type: Single Pane with Glass Storm with Plastic Storm Double Pane with Glass Storm with Plastic Storm

Interior Shading: Drapes Blinds or Shades Drapes with Blinds or Shades None

Exterior Shading: Awning Carport or Porch Low E Film Sun Screen None

Leakiness: Very Tight Tight Medium Loose Very Loose

Window #3 Dimensions: Width (in) _____ Height (in) _____

Number Facing: North _____ South _____ East _____ West _____

Window Type: Jalousie Awning Slider Fixed Door Window Sliding Glass Door Skylight

Frame Type: Wood or Vinyl Metal Improved Metal

Glazing Type: Single Pane with Glass Storm with Plastic Storm Double Pane with Glass Storm with Plastic Storm

Interior Shading: Drapes Blinds or Shades Drapes with Blinds or Shades None

Exterior Shading: Awning Carport or Porch Low E Film Sun Screen None

Leakiness: Very Tight Tight Medium Loose Very Loose

Window #4 Dimensions: Width (in) _____ Height (in) _____

Number Facing: North _____ South _____ East _____ West _____

Window Type: Jalousie Awning Slider Fixed Door Window Sliding Glass Door Skylight

Frame Type: Wood or Vinyl Metal Improved Metal

Glazing Type: Single Pane with Glass Storm with Plastic Storm Double Pane with Glass Storm with Plastic Storm

Interior Shading: Drapes Blinds or Shades Drapes with Blinds or Shades None

Exterior Shading: Awning Carport or Porch Low E Film Sun Screen None

Leakiness: Very Tight Tight Medium Loose Very Loose

Door #1 Dimensions: Width (in) _____ Height (in) _____ Storm Present ☐

Number Facing: North _____ South _____ East _____ West _____

Door Type: Hollow Core Wood Solid Core Wood Standard Manufactured Home Door Insulated Steel

Door #2 Dimensions: Width (in) _____ Height (in) _____ Storm Present ☐

Number Facing: North _____ South _____ East _____ West _____

Door Type: Hollow Core Wood Solid Core Wood Standard Manufactured Home Door Insulated Steel

Livingroom:

☐ _____ # of CFL or LED Replacements in Livingroom 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) # _____

☐ LowFlow 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
Manufacturer		Model	
Kwh/yr: _____	Age _____ yrs	Seal: good poor	Metered: Yes No
		Meter Min: _____	Kwh: _____
☐ Cookstove 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	☐ Heat Pump ☐ Forced Air ☐ Electric Portable ☐ Heated Space	☐ Unvented Space Heater ☐ Vented Space Heater ☐ Wood or Pellet Sove ☐ Unintentionally Heated Space
☐ Unconditioned Space	☐ Electric ☐ Propane (LP) ☐ No Input	☐ Natural Gas ☐ Wood ☐ kBTU/Hr Gals/Hr Kw Other
Fuel Type:		
Drip Leg Sediment Trap Present ☐		
Input Units:		Output Capacity: _____
Input Rating: _____		
Efficiency Rating %: 90 80 70		Actual Measured Efficiency: _____ %
Heat Pump HSPF or Yr Purchased: _____	☐ Pilot / IID	☐ Working ☐ Not Working
Condition: Good Fair Poor		☐ Retention Head Recommended
Duct Location:	☐ Floor ☐ Ceiling	☐ Wall
Duct Insulation:	☐ None ☐ Above	☐ Below

Audit Notes:

Secondary Heating System

Manufacturer	Model #	Serial #
Existing Unit Type:		
☐ Wall ☐ Floor ☐ Central	☐ Heat Pump ☐ Forced Air ☐ Electric Portable ☐ Heated Space	☐ Unvented Space Heater ☐ Vented Space Heater ☐ Wood or Pellet Sove ☐ Unintentionally Heated Space
☐ Unconditioned Space	☐ Electric ☐ Propane (LP) ☐ No Input	☐ Natural Gas ☐ Wood ☐ kBTU/Hr Gals/Hr Kw Other
Fuel Type:		
Drip Leg Sediment Trap Present ☐		
Input Units:		Output Capacity: _____
Input Rating: _____		
Efficiency Rating %: 90 80 70		Actual Measured Efficiency: _____ %
Heat Pump HSPF or Yr Purchased: _____	☐ Pilot / IID	☐ Working ☐ Not Working
Condition: Good Fair Poor		☐ Retention Head Recommended
Duct Location:	☐ Floor ☐ Ceiling	☐ Wall
Duct Insulation:	☐ None ☐ Above	☐ Below

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:	☐ N/A	☐ None	☐ Above	☐ Below

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:	☐ N/A	☐ None	☐ Above	☐ Below

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:	☐ N/A	☐ None	☐ Above	☐ Below

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:	☐ N/A	☐ None	☐ Above	☐ Below

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 PresentWater Heater Pipe Insulaton: ☐ 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 PresentWater Heater Pipe Insulaton: ☐ Present ☐ Not Present**Audit Notes:** _____**Electrical**☐ Breaker Box - Voltage/Amps: _____ Location _____

Additional Instructions / Notes:

☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

MHEA Audit Recommendation Deviations

☐ MHEA Recommendation:

Reason for Deviation:

☐ MHEA Recommendation:

Reason for Deviation:

☐ MHEA Recommendation:

Reason for Deviation:

☐ MHEA Recommendation:

Reason for Deviation: