

Appointment Date and Time:

Auditor and Company Name:

Customer Name:

Address:

Phone:

Email:

Customer Concerns:

Potential Measures:

Year Built: _____
 SQ Ft: _____
 Bed/Bath: _____

in Household: _____
 # of Stories: _____
 Story Height: _____

Multi-Family? Y ___ / N ___
 # of Units: _____
 Renter? Y ___ / N ___
 Owner: _____

ELECTRIC/FUEL

Utility Bills: Y ___ / N ___ **Waiver:** Y ___ / N ___
 Electric Provider: _____
 Electric Usage: _____
 Electrical Panel Type/Size _____
 AMP: _____ Extra Slots? Y ___ / N ___
 Breakers ___ / Fuses ___
 Gas/Oil Provider: _____
 Fuel Usage: _____

HEATING SYSTEM

Forced Air ___/Electric ___/
 Boiler ___(water ___/steam ___)
 B-vented ___/Sealed ___/Natural ___/
 Induced Draft ___/ Heat Pump ___
 Fuel type: NG ___/Oil ___/LP ___/ Other _____
 # of Zones: _____ Year _____
 BTU Input _____ BTU Output _____
 1) CO ___ EF % ___ Spillage _____
 2) CO ___ EF % ___ Spillage _____
 Duct Length Cond: _____ UnCond: _____
COOLING SYSTEM Y ___/N ___ Central ___/Room ___
 BTU _____ SEER _____ Year _____

WATER HEATER

DHW Year: _____ Type: _____ Fuel: _____
 Size: _____ BTUs: _____
 Venting: _____
 Temperature set point: _____
 Draft _____ CO _____ EF _____

BLOWER DOOR

Test In # _____ Test Out # _____
 Ring: Open ___ /A ___ /B ___ /C ___
 Leaky ___/Average ___ / Tight ___
 Health Risk : _____

DWELLING INFORMATION

EXTERIOR: _____
ATTIC: SQFT _____ Insulation: _____ in. _____
 2nd Attic: SQFT _____ Insulation: _____ in. _____
 Slopes: SQFT _____ Insulation: _____ in. _____
 Kneewall: SQFT _____ Insulation: _____ in. _____
 KW Floor: SQFT _____ Insulation: _____ in. _____
 Hatches: QTY _____ Material: _____ in. _____
Access Cut in needed? Y ___ / N ___ QTY _____
 Walk-Up Stairs: SQFT _____ Material: _____ in. _____
 Floor 1 Walls: SQFT _____ Insulation: _____ in. _____
 Floor 2 Walls: SQFT _____ Insulation: _____ in. _____
 Overhang: SQFT _____ Insulation: _____ in. _____
 Garage W/C: SQFT _____ Insulation: _____ in. _____
BASEMENT ___ / CRAWL ___ / SLAB ___ / UNDERBELLY ___
 Rim: SQFT _____ Insulation: _____ in. _____
 Crawl Height: _____ Insulation: _____ in. _____

APPLIANCES/OTHER

Refrigerator 1 Size _____ Year _____ E-Star Y ___ / N ___
 Top Freezer ___ / Bottom Freezer ___ / Side by Side ___ / French ___
Refrigerator 2 Size _____ Year _____ E-Star Y ___ / N ___
 Top Freezer ___ / Bottom Freezer ___ / Side by Side ___ / French ___
Range / Oven (Gas ___ / Elec. ___) Oven CO _____
Kitchen Fan Recirculating Y ___ / N ___
 Venting: _____
Dryer (Gas ___/Elec ___/none ___) Vented Properly Y ___/N ___
Bath Fan(s) Existing? Y ___/N ___ Vented Properly Y ___/N ___
Lightbulbs % LED _____ % Other _____ Type _____
Thermostat _____
Windows _____ SQFT _____
CAZ Worst Case _____ Base Case _____ Net _____