**Appointment Date and Time: Auditor and Company Name:**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Customer Name: Address:Phone:Email: |

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| Customer Concerns:Potential Measures: |

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| Year Built: \_\_\_\_\_\_\_\_\_\_\_\_SQ Ft: \_\_\_\_\_\_\_\_\_\_\_\_Bed/Bath: \_\_\_\_\_\_\_\_\_\_\_\_  | # in Household: \_\_\_\_\_\_\_\_\_\_\_\_# of Stories: \_\_\_\_\_\_\_\_\_\_\_\_Story Height: \_\_\_\_\_\_\_\_\_\_\_\_  |  Multi-Family? Y \_\_\_\_ / N\_\_\_\_# of Units: \_\_\_\_\_\_\_\_\_\_\_\_ Renter? Y\_\_\_\_ / N\_\_\_\_\_ Owner: \_\_\_\_\_\_\_\_\_\_\_\_ |

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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **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 :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

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| **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 \_\_\_\_\_  |