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