

Weatherization First ENERGY AUDIT DATA COLLECTION FORM

AUDITOR: _____

DATE: _____

Homeowner Name (Last, First)		Phone Number		E-mail	
Address			City		State Zip

I. General Info

How long have they lived here? _____ How long do they intend to stay? _____

Year built: _____

Number of bedrooms: _____

Number of stories: _____

Attached garage? Yes No

How many thermostats? _____

Are they programmable? Yes No

Where are they located? _____

Typical Settings	Occupied °F	Unoccupied °F	Unoccupied hrs /day
Heating Setpoint:			
Cooling Setpoint:			

Homeowner Interview: Describe the audit process.

What concerns you about your home? Particularly related to efficiency, comfort, & health/safety:

Utilities

Electricity:

Average kWh or cost per month:

Winter: _____

Spring: _____

Summer: _____

Autumn: _____

Total electric rate (\$/kWh): _____

Fuel:

Type: _____

Pricing unit: _____

Average usage or cost per month:

Winter: _____

Spring: _____

Summer: _____

Autumn: _____

Total rate (\$/unit): _____

II. Heating/Cooling

Primary Heating:

Type: Air source heat pump Electric Baseboard Furnace
 Boiler, steam Boiler, water Groundwater source heat pump
 Ground source heat pump Other _____

Manufacturer: _____
Model #: _____
Year: _____
Fuel: _____

AFUE (nameplate): _____
Location: _____
Input capacity (Btu/h): _____

Air Conditioning:

Type: Central conditioning Room conditioning Mini-Split System

Manufacturer: _____
Total output capacity (Btu/h): _____
Number of units: _____

Model #: _____
SEER / EER: _____
Year: _____

III. Hot Water

Water Heater(s):

Type: Storage water heater Dedicated boiler w/ storage tank Heat pump water heater
 Space-heating boiler w/ storage tank Space-heating boiler w/ tankless coil
 Instantaneous water heater Solar Thermal

Manufacturer: _____
Model #: _____
Fuel: _____
Tank volume: _____
Input capacity (Btu/h): _____
Supply temperature: _____

Extra insulation R-value: _____
Location: _____
Number of heaters: _____
Year: _____
Energy factor: _____

Hot Water Piping:

Is it insulated? Yes No

Note overall conditions and safety parameters: _____

Faucet count and flow rate (gpm):

Shower count and flow rate (gpm):

IV. Lighting

Exterior Lighting:

List fixtures and wattage

Motion sensors present?

Interior Lighting:

List fixtures and wattage

V. Combustion Safety

Oven:

Electric or Gas?

Dryer:

Electric or Gas?

Dryer Venting Condition: _____

Heating Combustion:

If gas, water heater and furnace flue condition: _____

Carbon Monoxide Detector present?: Yes No

VI. Thermal Envelope

Indicate foundation type:

- Slab-on-grade Conditioned basement Unconditioned basement
 Vented crawlspace Unvented crawlspace Mobile home

Depth below grade, if applicable: _____

Indicate type of attic:

- Vented Unvented None

Windows:

Single pane or double?

Aluminum, vinyl, or wood frame?

General condition note: _____

Count:

Doors:

Aluminum, vinyl, or wood?

General condition note: _____

Count:

Manufactured Housing:

Underbelly:

Insulation type and thickness: _____

Insulation condition: _____

Ground moisture barrier condition: _____

Skirting condition: _____

Floor Penetrations:

Kitchen Sink: _____

Bathroom #1 sink: _____

Bathroom #2 sink: _____

Bathroom #1 toilet: _____

Bathroom #2 toilet: _____

VII. Mechanical Ventilation

Whole House System:

- Type: Exhaust Only Supply Only Balance System ERV
 Whole house Fan Air Cyclers HRV None

VIII. Building Footprint

Draw footprint of house with correct measurements of exterior wall sections. Include compass orientation of building, as well as any attached spaces such as a garage. Draw a separate footprint for each floor if they are different from each other. Note general condition of structure, drainage/gutter/roof /grading issues. Take photos of each side of house.

Ceiling Heights:

1st Fl: _____

2nd Fl: _____

3rd Fl: _____

Base: _____

Compass Orientation