

Frame Home Energy Audit Data Collection

Agency: BVCAP CAPLSC CAPMN CNCAP HFHO NENCAP NWCAP SENCA

Client Name: _____ Job Number: _____

Client Address: _____ City: _____ Zip Code: _____ Phone Number: _____ Previously Weatherized: _____ / _____ / _____

Auditor Name: _____ Date: _____ County: _____ Year Built: _____ Bedrooms: _____ Dwelling Type: Single Family Duplex Multi-Family <4
 Multi-Family >4 Shelter Other _____

No. of Stories: _____ No. of Occupants: _____ Funding Source: DOE LIHEAP Other _____ Type of Occupants: Senior Juvenile Disability _____ Ownership: Owner Renter Other _____

Contact Types:	Name	Type	Relationship	Phone Number	Email
1. Applicant					
2. Landlord/Owner 1					
3. Landlord/Owner 2					
4. Other					

HEALTH AND SAFETY

<p>Pressure Diagnostic Measurements:</p> <p>Blower Door Reading at 50 Pa:</p> <p>Pre WX: _____ Initials: _____ Target CFM: _____</p> <p>Post WX: _____ Initials: _____ Notes: _____</p> <p>Pressure Differences:</p> <p>Attic 01 PD: _____ Attic 02 PD: _____ Attic 03 PD: _____ Attic 04 PD: _____</p> <p>Crawl/Basement 01 PD: _____ Crawl/Basement 02 PD: _____ Crawl/Basement 03 PD: _____</p> <p>Kneewall 01 PD: _____ Kneewall 02: _____ Kneewall 03 PD: _____ Attached Garage: _____</p> <p>Carbon Monoxide Measurements:</p> <p>Room with Heating System _____ ppm</p> <p>Room with Water Heater _____ ppm</p> <p>Living Area _____ ppm</p> <p>Kitchen _____ ppm</p> <p>Other _____ ppm</p>	<p>CAZ Testing Completed:</p> <p>Verified <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(If no, why): _____</p> <hr/> <p>Lead Safety Testing:</p> <p>Doors: _____ Windows: _____ Walls: _____</p> <p>Attic Accesses: _____ NA: _____</p> <hr/> <p>CO Monitor(s) Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Location(s): _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Knob & Tube Wiring Present: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Location: _____</p> <hr/> <p>Breaker Box Present:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Fuse Sizes: _____</p> <hr/> <p>Smoke/Fire Detector(s) Needed:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Locations: _____</p> <p>_____</p> <p>_____</p>
<p>Solid Fuel Burning Units:</p> <p>Solid Fuel Burning Stove/Fireplace Present <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fuel Type _____</p> <p>Properly Vented <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Outside Combustion Air Provided <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		

Additional Health and Safety Comments: _____

EXHAUST FANS AND VENTING

Location	Existing	Operational	Properly Vented	Fan CFM	Measured Fan Flow	Operable Window	Light
Bath 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bath 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bath 3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Kitchen	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dryer			<input type="checkbox"/> Yes <input type="checkbox"/> No				

Building Height _____ FT Addition Height _____ FT

Measured vertical distance between the lowest and highest above-grade points within the pressure envelope. This height should include the above-grade part of a basement if the basement is within the pressure envelope. Do not include an attic if it is not within the pressure envelope.

Additional Exhaust Fan and Venting Comments: _____

EXTERIOR WALLS

Type		Exterior Finish		Wall Square Footage	Exposure	Existing Insulation	
1 Balloon Fr.	4 Conc. Block	1 Wood	4 Brick/Stone	Total gross area of the exterior wall, including windows and doors	1 Outside	1 None	4 Rockwool
2 Platform Fr.	5 Adobe	2 Metal/Vinyl	5 Masonite		2 Buffered	2 Bin Cellulose	5 F.G. Batts
3 Masonry/Stone	6 Other	3 Stucco	6 Other		3 Attic	3 Bin Fiberglass	6 Other

Wall	Wall Type	Stud Size	Exterior Finish	Width x Height	Square Ft.	Orientation	Exposure	Existing Insulation	Existing R-Value
Wall 1				x					
Wall 2				x					
Wall 3				x					
Wall 4				x					
Wall 5				x					
Wall 6				x					
Wall 7				x					
Wall 8				x					
Wall 9				x					
Wall 10				x					
Wall 11				x					
Wall 12				x					
Wall 13				x					
Wall 14				x					
Wall 15				x					
Wall 16				x					
Wall 17				x					
Wall 18				x					

Additional Wall Information:
 Wiring/Electrical Issues Yes No Water Leaks Present Yes No Asbestos Siding Likely Yes No
 Moisture Problems Evident Yes No Lead Based Paint Likely Yes No Other Concerns Yes No If Yes, what Concerns: _____

Additional Wall Inspection Comments: _____

WINDOWS

Type	Slider	Frame Type	Glazing	Int. Shade	Ext. Shade	Leakiness
1 Jalousie	1 Horizontal	1 Wood/Vinyl	1 Single Pane	1 Drapes	1 Low E Film	1 Very Tight
2 Slider	2 Vertical	2 Metal	2 Sngl. P. w/Storm	2 Blinds/Shades	2 Solar Screen	2 Tight
3 Fixed	3 Left-Right	3 Imp. Metal	3 Sngl. P. Bad/ Storm	3 Drapes w/ Shades	3 Awning	3 Medium
4 Door Window	4 Right-Left		4 Double Pane	4 None	4 Carport	4 Loose
5 Door Slider			5 Dbl. P. w/ Low E		5 Porch	5 Very Loose
6 Skylight					6 None	

Window	Wall Number	Type	Slider	Frame Type	Glazing	Interior Shade	Exterior Shade	% of Shade	Leakiness	Width	Height
Window 01											
Window 02											
Window 03											
Window 04											
Window 05											
Window 06											
Window 07											
Window 08											
Window 09											
Window 10											
Window 11											
Window 12											
Window 13											
Window 14											
Window 15											
Window 16											
Window 17											
Window 18											
Window 19											
Window 20											

Additional Window Inspection Comments: _____

DOORS

Type	Storm Door	Number	Swing	Lockset	Air Seal	Threshold	Strike	Hinge
1 H-Core 2 S-Core 3 Insulated Steel 4 Single Sliding Glass 5 Double Sliding Glass	1 Adequate 2 Deteriorated 3 None	Number of doors with the same description on this wall	1 Right Hand 2 Left Hand	1 Deadbolt 2 Knob 3 Combo	1 Jamb Up 2 Q-Lon 3 Sweep 4 V-Seal	1. ¾" Oak 2. 1" Oak 3. 1" Bumper 4. 1x5/8" Bumper 5. ½" Bumper 6. ¾" Bumper	1 Regular 2 Large	1 Regular 2 NRP

Door	Wall Direction	Door Type	Storm Door	Number	Swing	Lockset/Air Seal	Threshold/Hinge	Strike/Viewer	Width	Height	Thickness
Door 01						/	/	/			
Door 02						/	/	/			
Door 03						/	/	/			
Door 04						/	/	/			

Additional Door Inspection Comments:

ATTICS

Unfinished							Finished										
Attic Type		Joist Space		Type		Material			Area Type		Floor Type		Type		Material		
1 Unfloored 2 Floored 3 Cath/Flat		1 16 in. 2 18 in. 3 24 in.		1 Batts 2 Blown 3 Other 4 None		1 Fiberglass 2 Rockwool 3 Cellulose			1 Outer Joist 2 Collar Beam 3 Kneewall 4 Roof Rafter		1 Unfloored 2 Floored		1 Batts 2 Blown 3 Other 4 None		1 Fiberglass 2 Rockwool 3 Cellulose		
Attic Code	Attic Type	Joist Space	Area	Type	Material	Depth	Attic Code	Area Type	Floor	Area	Type	Material	Depth				
UFA 01							FA 01										
UFA 02							FA 02										
UFA 03							FA 03										
UFA 04							FA 04										
UFA 05							FA 05										
UFA 06							FA 06										
UFA 07							FA 07										

Attic Access								Ventilation			
Attic Code	Dimensions	Material Type	Material Thick.	Insul. Required		WS Required		Exist. NFI		Required NFI	
	X			Yes	No	Yes	No				
	X			Yes	No	Yes	No				
	X			Yes	No	Yes	No				
	X			Yes	No	Yes	No				
	X			Yes	No	Yes	No				
	X			Yes	No	Yes	No				
	X			Yes	No	Yes	No				

Additional Attic Inspection Information/Details:

- | | | | | | |
|-----------------------------|------------------------------|-----------------------------|--------------------------------|------------------------------|-----------------------------|
| Recessed Can Lights Present | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Chimney/Flue Shielding Present | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Wiring/Electrical Issues | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Adequate Ventilation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Existing Baffles | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Any Inaccessible Attics | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Water Leaks Present | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Moisture Problems Evident | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Exhaust Fan Venting Present | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Vermiculite Present | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other Concerns | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |

Additional Attic Inspection Comments:

FOUNDATIONS

Foundation Type	Foundation Data		Exist Barrier		Floor Area Data		Sill Box Data		Found. Wall Data	
	Code	Type	Yes/No	Cond.	Area (sq.ft.)	Ex. R-Value	Joist Size	Perm. to Insul.	Height (ft.)	
1 Conditioned	Fnd 01								Ht. Exp. (%)	
2 Unconditioned	Fnd 02								Perim. (ft.)	
3 Vented	Fnd 03								Ex. R-Value	
4 Unintentionally Cond.	Fnd 04									
5 Uninsulated Slab	Fnd 05									
6 Insulated Slab	Fnd 06									
7 Exposed Floor										

Additional Foundation Inspection Information/Details:

Wiring/Electrical Issues Yes No Water Leaks Present Yes No
 Moisture Problems Evident Yes No Vapor Barrier Needed Yes No
 Plumbing Leaks Present Yes No Other Concerns Yes No

Additional Foundation Inspection Comments:

HEATING SYSTEM DETAILS

Equipment Type		Fuel Type		Equipment Location			Input Heating Units		Condition							
1 Gravity Furnace	6 Heat Pump	1 Natural Gas	5 Oil	1 Heated Space	2 Uncond. Space	3 Unintentionally Heated	1 No Input	2 kBTU/hr	3 Gals/hr	4 Lbs/hr	5 COM	1 Good	2 Fair	3 Poor (working)	4 Not Working	5 None
2 Forced Air Furnace	7 V-Space Heater	2 Electricity	6 Propane													
3 Fix. Elec. Resistance	8 UnV-Space Heater	3 Wood	7 Coal													
4 Portable Electric	9 V-Wall Furnace	4 Kerosene	8 Other													
5 Hot Water Boiler	10 UnV-Wall Furnace															

System Code	Type	Fuel	% Supply	Location	Sq. Ft.	Watts	Amps	Volts	Efficiency	Yr. Purchased	Manufacturer	Model #
Htng. Syst. 01												
Htng. Syst. 02												
Htng. Syst. 03												
Htng. Syst. 04												

Additional Heating System Inspection Information/Details:

Burner Condition Heating System ___ Good Fair Poor Heating System ___ Good Fair Poor
 Pilot Condition Heating System ___ Good Fair Poor Heating System ___ Good Fair Poor
 Elect. Serv. Switch Condition Heating System ___ Good Fair Poor Heating System ___ Good Fair Poor
 Exist. Smart Thermo. Yes No Gas Furnace Drip Leg Present Yes No
 Exist. Comb. Air Yes No Pilot Light Yes No
 Other Concerns Yes No

Additional Heating System Inspection Comments:

COOLING SYSTEM DETAILS

Equipment Type	Condition
1 Central	1 Good
2 Window	2 Fair
3 Heat Pump	3 Poor (working)
4 Evaporative Cooler	4 Not Working

System Code	AC Type	% Supply	Area Cooled (sq. ft.)	Size (kBTU/hr.)	SEER	Yr. Purchased	Manufacturer	Model Number	Serial Number
AC. Syst. 01									
AC. Syst. 02									
AC. Syst. 03									
AC. Syst. 04									

Additional Cooling System Inspection Comments:

SITE DIAGRAM

A large, empty grid area for drawing a site diagram. The grid consists of 30 columns and 30 rows of small squares, providing a space for technical drawing or site plan creation.

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WALL ELEVATIONS

Front: Facing _____

Rear: Facing _____

Left: Facing _____

Right: Facing _____