

# 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:<br/>Pre WX: _____ Initials: _____ Target CFM: _____<br/>Post WX: _____ Initials: _____ Notes: _____</p> <p>Pressure Differences:<br/>Attic 01 PD: _____ Attic 02 PD: _____ Attic 03 PD: _____ Attic 04 PD: _____<br/>Crawl/Basement 01 PD: _____ Crawl/Basement 02 PD: _____ Crawl/Basement 03 PD: _____<br/>Kneewall 01 PD: _____ Kneewall 02: _____ Kneewall 03 PD: _____ Attached Garage: _____</p> <p>Carbon Monoxide Measurements:</p> <p>Room with Heating System _____ ppm<br/>Room with Water Heater _____ ppm<br/>Living Area _____ ppm<br/>Kitchen _____ ppm<br/>Other _____ ppm</p> | <p>CAZ Testing Completed:<br/>Verified <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>(If no, why): _____</p> <p>Lead Safety Testing:<br/>Doors: _____ Windows: _____ Walls: _____<br/>Attic Accesses: _____ NA: _____</p> <p>Smoke/Fire Detector(s) Needed:<br/><input type="checkbox"/> Yes <input type="checkbox"/> No<br/>Locations: _____</p> | <p>Knob &amp; Tube Wiring Present: <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>Location: _____</p> <p>Breaker Box Present:<br/><input type="checkbox"/> Yes <input type="checkbox"/> No<br/>Fuse Sizes: _____</p> <p>Solid Fuel Burning Units:<br/>Solid Fuel Burning Stove/Fireplace Present<br/><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fuel Type _____<br/>Properly Vented <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>Outside Combustion Air Provided<br/><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<br>2 S-Core<br>3 Insulated Steel<br>4 Single Sliding Glass<br>5 Double Sliding Glass | 1 Adequate<br>2 Deteriorated<br>3 None | Number of doors with the same description on this wall | 1 Right Hand<br>2 Left Hand | 1 Deadbolt<br>2 Knob<br>3 Combo | 1 Jamb Up<br>2 Q-Lon<br>3 Sweep<br>4 V-Seal | 1. ¾" Oak<br>2. 1" Oak<br>3. 1" Bumper<br>4. 1x5/8" Bumper<br>5. ½" Bumper<br>6. ¾" Bumper | 1 Regular<br>2 Large | 1 Regular<br>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<br>2 Floored<br>3 Cath/Flat |            | 1 16 in.<br>2 18 in.<br>3 24 in. |      | 1 Batts<br>2 Blown<br>3 Other<br>4 None |          | 1 Fiberglass<br>2 Rockwool<br>3 Cellulose |            |           | 1 Outer Joist<br>2 Collar Beam<br>3 Kneewall<br>4 Roof Rafter |      | 1 Unfloored<br>2 Floored |          | 1 Batts<br>2 Blown<br>3 Other<br>4 None |  | 1 Fiberglass<br>2 Rockwool<br>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:**

**UNINSULATED SUPPLY DUCT DETAILS**

| Duct Type (Rect./Rnd.) | Length (ft.) | Location | Width (if Rect.) | Height (if Rect.) | Diameter if Rnd. (In.) |
|------------------------|--------------|----------|------------------|-------------------|------------------------|
|                        |              |          |                  |                   |                        |
|                        |              |          |                  |                   |                        |
|                        |              |          |                  |                   |                        |
|                        |              |          |                  |                   |                        |

Additional Ducting System Inspection Comments:

**WATER HEATING SYSTEM DETAILS**

| Fuel Type     | Equipment Location     | Input Units | Insulation Type | Shower Heads        |  |
|---------------|------------------------|-------------|-----------------|---------------------|--|
| 1 Natural Gas | 1 Heated Space         | 1 kBTU      | 1 Fiberglass    | No. of Shower Heads |  |
| 2 Electricity | 2 Uncond. Space        | 2 kW        | 2 Polyurethane  | Min/Day             |  |
| 3 Propane     | 3 Unintentional Heated |             |                 | Avg. GPM            |  |

| System Code  | Fuel Type | Equip. Location | Rated Input | Gallons | Manufacturer | Model Number | Serial Number | Ex. Tank Insulation Type | Ex. Pipe Insulation Type |
|--------------|-----------|-----------------|-------------|---------|--------------|--------------|---------------|--------------------------|--------------------------|
| Wtr. Htr. 01 |           |                 |             |         |              |              |               |                          |                          |
| Wtr. Htr. 02 |           |                 |             |         |              |              |               |                          |                          |

Additional Water Heating System Information/Details:

Water Heater Condition    Wtr. Htr. 01  Good    Fair    Poor                      Wtr. Htr. 02  Good    Fair    Poor  
 Burner Condition                      Wtr. Htr. 01  Good    Fair    Poor                      Wtr. Htr. 02  Good    Fair    Poor  
 Leaking Problems Evident     Yes    No                      Drip Leg Present    Yes    No  
 Pipe Insulation Required        Yes    No                      Other Concerns    Yes    No

Additional Water Heating System Inspection Comments:

**REFRIGERATOR DETAILS**

**Manufacturer** \_\_\_\_\_      **Style**  Top Freezer      **Defrost**  Automatic      **Location**  Heated      **Size** \_\_\_\_\_  
     Bottom Freezer       Manual       Unconditioned  
     Side-By-Side       Partial Automatic       Unintentionally Conditioned  
**Model Number** \_\_\_\_\_       Single Door       Other \_\_\_\_\_  
     Single Door w/ Freezer  
     Other \_\_\_\_\_

**Available Space Dimensions**      **Label/Database Annual Consumption**      **Metered Consumption**  
 Height (in) \_\_\_\_\_      kWh/yr      Age      Door Seal Condition      Metering Minutes \_\_\_\_\_ Manual Defrost  
 Width (in) \_\_\_\_\_       Less than 5 years       Good      Meter Reading (kWh) \_\_\_\_\_ Includes Defrost Cycle  
 Depth (in) \_\_\_\_\_       5 to 9 years       Fair – Some Wear      Temperature (°F) \_\_\_\_\_  
     10-14 years       Poor – Gaps visible  
     15 + years

Additional Refrigerator Inspection Comments:

**LIGHTING SYSTEM DETAILS**

| Room      | Location   | Lamp Type             |
|-----------|------------|-----------------------|
| 1 Family  | 5 Dining   | 1 Ceiling      4 Wall |
| 2 Kitchen | 6 Bedroom  | 2 Floor      5 Closet |
| 3 Living  | 7 Bathroom | 3 Table      6 Other  |
| 4 Rec     | 8 Utility  | 1 Standard            |
|           |            | 2 Floor               |
|           |            | 3 Other               |

| Light Code | Room | Location | Lamp Type | Quantity | Size (watts) | Usage (hr/day) | Comments |
|------------|------|----------|-----------|----------|--------------|----------------|----------|
| LT01       |      |          |           |          |              |                |          |
| LT02       |      |          |           |          |              |                |          |
| LT03       |      |          |           |          |              |                |          |
| LT04       |      |          |           |          |              |                |          |
| LT05       |      |          |           |          |              |                |          |
| LT06       |      |          |           |          |              |                |          |
| LT07       |      |          |           |          |              |                |          |
| LT08       |      |          |           |          |              |                |          |
| LT09       |      |          |           |          |              |                |          |
| LT10       |      |          |           |          |              |                |          |

Additional Lighting 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.

**Continued on Page 7**

WALL ELEVATIONS

**Front: Facing** \_\_\_\_\_

**Rear: Facing** \_\_\_\_\_

**Left: Facing** \_\_\_\_\_

**Right: Facing** \_\_\_\_\_