

----- **Customer Demographic Information** -----

Name: _____ Account #: _____
 Street: _____ Phone: _____
 _____ Alt. Phone: _____
 City State Zip Email Address: _____
 Auditor: _____ Date & Time: _____

Natural Gas Safety Information

Gas leak detected (including meter) <input type="checkbox"/> Yes Where (location): _____ Called 1-888-460-4332 Spoke with: _____ Time _____
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General Information

Est. Age of Structure: _____ Square Feet: _____ Consumption: _____ (Mcf) Single Family: <input type="checkbox"/> Ranch <input type="checkbox"/> Row House <input type="checkbox"/> Multi-Story _____ No. of Stories <input type="checkbox"/> Mobile Home Multi-Family: <input type="checkbox"/> Duplex <input type="checkbox"/> Multi-Units _____ Units <input type="checkbox"/> Other _____ Construction: <input type="checkbox"/> Solid Brick <input type="checkbox"/> Frame <input type="checkbox"/> Other: _____ Other appliances: <input type="checkbox"/> Natural Gas Grill <input type="checkbox"/> Propane Grill <input type="checkbox"/> Electric Grill <input type="checkbox"/> Gas Light <input type="checkbox"/> Pool Heater
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----- **Basement Assessment** -----

Mechanical Equipment Inspection

Domestic Hot Water Heating (DHW)	Heating & Cooling Equipment
Type: <input type="radio"/> Tank <input type="radio"/> Tankless Capacity: _____ (BTU)	Type: <input type="radio"/> Forced Air <input type="radio"/> Boiler Capacity: _____ (BTU)
Source: <input type="radio"/> Gas <input type="radio"/> Electric <input type="radio"/>	Source: <input type="radio"/> Gas <input type="radio"/> Electric <input type="radio"/>
<input type="checkbox"/> Set Temperature: 120 – 130°F Storage Capacity: _____ (Gallons)	<input type="checkbox"/> Change Filter Every _____ months <input type="checkbox"/> Clean & Tune Every _____ months
Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Est. Age _____ <input type="checkbox"/> Repair / Maintain / Replace Unit	Condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Est. Age: _____ <input type="checkbox"/> Repair / Maintain / Replace Unit <input type="checkbox"/> Heating <input type="checkbox"/> A/C
<input type="checkbox"/> Wrap Water Tank	<input type="checkbox"/> Wrap Hot / Cold Pipes: _____ Ft
<input type="checkbox"/> Replace / Install Relief Valve & Blow-Down Tube	<input type="checkbox"/> Maintain Boiler Cold Water Pressure
<input type="checkbox"/> Repair / Replace / Seal Exhaust Venting	<input type="checkbox"/> Repair / Replace Exhaust Venting
<input type="checkbox"/> Wrap Hot / Cold Pipes: _____ Ft Start pipe wrap 6" above the top of the tank and not in contact with the exhaust flue.	<input type="checkbox"/> Duct Work: <input type="checkbox"/> Correct Cold Air Return <input type="checkbox"/> Clean <input type="checkbox"/> Insulate _____ Ft <input type="checkbox"/> Repair <input type="checkbox"/> Seal Joints and Seams

Comments:

Other Mechanical	
<input type="checkbox"/> Repair Water Leaks	Dryer Source: <input type="radio"/> Gas <input type="radio"/> Electric <input type="radio"/>
<input type="checkbox"/> Replace / Unplug Fridge <input type="checkbox"/> Replace / Unplug Freezer	<input type="checkbox"/> Install Gas Shut-off Valve
<input type="checkbox"/> Replace Unit(s) <input type="checkbox"/> Washer <input type="checkbox"/> Dryer	<input type="checkbox"/> Reconnect / Replace / Install Rigid Dryer Vent
<input type="checkbox"/> Clean Dryer of Lint	<input type="checkbox"/> Clean Dryer Exhaust of Lint
<input type="checkbox"/> Space Heaters # _____ <input type="radio"/> Gas <input type="radio"/> Electric <input type="radio"/>	<input type="checkbox"/> Replace Knob & Tube Wiring Prior to Insulating
Comments:	

Insulation & Air Sealing – Use Caulk, Foam Seal, and Rigid Insulation to Address the Following Areas

<input type="checkbox"/> Gas / Electric / Water Service Entrances	<input type="checkbox"/> Around Dryer Exhaust Vent
<input type="checkbox"/> Seal / Insulate Band Joist Ends	<input type="checkbox"/> Seal Foundation Top Plate
<input type="checkbox"/> Seal Around Ceiling Penetrations (e.g. Ducts, Water Pipes, Electric Wires and Plumbing Drains)	<input type="checkbox"/> Seal / Insulate Crawl Space Access Current R-Val: _____ Rec. R-Val: _____
<input type="checkbox"/> Caulk Around Windows & Doors	<input type="checkbox"/> Install / Replace Door Threshold / Sweep
<input type="checkbox"/> Insulate Walls Current R-Val: _____ Rec. R-Val: _____	<input type="checkbox"/> Insulate Garage Ceiling Current R-Val: _____ Rec. R-Val: _____
<input type="checkbox"/> Install / Replace Door Weather Stripping	<input type="checkbox"/> Repair / Replace Basement Doors
Comments:	

----- **1st Floor Assessment** -----

Mechanical Equipment Inspection

<input type="checkbox"/> Install Programmable Thermostat <input type="radio"/> 5-2 Day <input type="radio"/> 7-Day	<input type="checkbox"/> Set Htg Away 62-64°F Home 68-70°F Thermostat A/C Away 80-83°F Home 75-78°F
<input type="checkbox"/> Cook Top Source: <input type="radio"/> Gas <input type="radio"/> Electric <input type="checkbox"/> Stove Source: <input type="radio"/> Gas <input type="radio"/> Electric	<input type="checkbox"/> Install Smoke / Carbon Monoxide Detector
<input type="checkbox"/> Vent Bath / Kitchen Exhaust Fans Outside	<input type="checkbox"/> Repair / Replace Refrigerator
<input type="checkbox"/> Clean Refrigerator Condenser Coils	<input type="checkbox"/> Replace Incandescent Bulbs with CFLs*
<input type="checkbox"/> Clean Window A/C Filters	<input type="checkbox"/> Unblock Registers / Cold Air Returns / Radiators
<input type="checkbox"/> Bleed Radiators	<input type="checkbox"/> Install Heat Reflectors Behind Radiators
<input type="checkbox"/> Space Heaters # _____ <input type="radio"/> Gas <input type="radio"/> Electric <input type="radio"/>	
Comments:	

Insulation & Air Sealing

<input type="checkbox"/> Caulk Around Windows & Doors	<input type="checkbox"/> Install / Replace Door Threshold / Sweep
<input type="checkbox"/> Install / Replace Door Weather Stripping	<input type="checkbox"/> Seal Around Gas / Electric / Water Penetrations
<input type="checkbox"/> Repair / Replace Windows	<input type="checkbox"/> Repair / Replace Exterior Doors
<input type="checkbox"/> Insulate Exterior / Garage Walls Current R-Val: _____ Rec. R-Val: _____	<input type="checkbox"/> Seal Unused Fireplace <input type="checkbox"/> Close Fireplace Damper
Comments:	

----- 2nd Floor Assessment -----

Mechanical Equipment Inspection

<input type="checkbox"/> Vent Bath / Kitchen Exhaust Fans Outside	<input type="checkbox"/> Install Smoke / Carbon Monoxide Detector
<input type="checkbox"/> Clean Window A/C Filters	<input type="checkbox"/> Unblock Registers / Cold Air Returns / Radiators
<input type="checkbox"/> Bleed Radiators	<input type="checkbox"/> Install Heat Reflectors Behind Radiators
<input type="checkbox"/> Replace Incandescent Bulbs with CFLs*	<input type="checkbox"/> Space Heaters # _____ <input type="radio"/> Gas <input type="radio"/> Electric <input type="radio"/>
Comments:	

Insulation & Air Sealing

<input type="checkbox"/> Caulk Around Windows & Doors	<input type="checkbox"/> Install / Replace Door Threshold / Sweep
<input type="checkbox"/> Install / Replace Door Weather Stripping	<input type="checkbox"/> Repair / Replace Exterior Doors
<input type="checkbox"/> Repair / Replace Windows	<input type="checkbox"/> Insulate Exterior Walls Current R-Val: _____ Rec. R-Val: _____
<input type="checkbox"/> Seal Unused Fireplace <input type="checkbox"/> Close Fireplace Damper	
Comments:	

----- 3rd Floor Assessment -----

Mechanical Equipment Inspection

<input type="checkbox"/> Vent Bath / Kitchen Exhaust Fans Outside	<input type="checkbox"/> Install Smoke / Carbon Monoxide Detector
<input type="checkbox"/> Clean Window A/C Filters	<input type="checkbox"/> Unblock Registers / Cold Air Returns / Radiators
<input type="checkbox"/> Bleed Radiators	<input type="checkbox"/> Install Heat Reflectors Behind Radiators
<input type="checkbox"/> Replace Incandescent Bulbs with CFLs*	<input type="checkbox"/> Space Heaters # _____ <input type="radio"/> Gas <input type="radio"/> Electric <input type="radio"/>
Comments:	

Insulation & Air Sealing

<input type="checkbox"/> Caulk Around Windows & Doors	<input type="checkbox"/> Install / Replace Door Threshold / Sweep
<input type="checkbox"/> Install / Replace Door Weather Stripping	<input type="checkbox"/> Repair / Replace Exterior Doors
<input type="checkbox"/> Repair / Replace Windows	<input type="checkbox"/> Insulate Exterior Walls Current R-Val: _____ Rec. R-Val: _____
<input type="checkbox"/> Seal Unused Fireplace <input type="checkbox"/> Close Fireplace Damper	
Comments:	

* CFLs – Compact Fluorescent Bulbs

-----Attic Assessment-----

Mechanical Equipment Inspection

Other Mechanical	Heating & Cooling Equipment
<input type="checkbox"/> Vent Bath / Kitchen Exhaust Fans Outside	Type: <input type="radio"/> Forced Air
<input type="checkbox"/> Adjust Whole House Fan Control	Source: <input type="radio"/> Gas <input type="radio"/> Electric <input type="radio"/>
<input type="checkbox"/> Add Attic Ventilation	
<input type="checkbox"/> Duct Work: <input type="checkbox"/> Correct Cold Air Return <input type="checkbox"/> Clean <input type="checkbox"/> Insulate _____ Ft <input type="checkbox"/> Repair _____ <input type="checkbox"/> Seal Joints and Seams	<input type="checkbox"/> Repair / Maintain Unit <input type="checkbox"/> Change Filter ____ months <input type="checkbox"/> Clean & Tune ____ months
<input type="checkbox"/> Replace Knob & Tube Wiring Prior to Insulating	<input type="checkbox"/> Cover Whole House Fan Louvers in Winter
Comments:	

Insulation & Air Sealing

<input type="checkbox"/> Caulk Around Attic Access Doors	<input type="checkbox"/> Insulate / Weather Strip Access Doors
<input type="checkbox"/> Construct Insulating Box Atop Pull-down Staircase	<input type="checkbox"/> Repair / Replace Exterior Doors
<input type="checkbox"/> Dense Pack / Batt Insulate Attic Stair Walls Current R-Val: _____ Rec. R-Val: _____	<input type="checkbox"/> Dense Pack / Batt Steps
<input type="checkbox"/> Insulate Exterior Walls Current R-Val: _____ Rec. R-Val: _____	
<input type="checkbox"/> Dense Pack / Batt Insulate Knee Walls Current R-Val: _____ Rec. R-Val: _____	<input type="checkbox"/> Insulate floor w/ Cellulose or Fiberglass to R38 – R60 Current R-Val: _____ Rec. R-Val: _____
<input type="checkbox"/> Dense Pack / Batt Insulate Attic Slopes Current R-Val: _____ Rec. R-Val: _____	<input type="checkbox"/> Dense Pack / Batt Insulate Attic Knee Wall Flats Current R-Val: _____ Rec. R-Val: _____
<input type="checkbox"/> Dense Pack Gable End Walls Current R-Val: _____ Rec. R-Val: _____	<input type="checkbox"/> Dense Pack Beneath Floor Boards Current R-Val: _____ Rec. R-Val: _____

Comments:

Customer Signature

Date

Auditor Signature

Date