



RESIDENTIAL ENERGY AUDIT FORM

Instructions for Cooperative - Prior to audit, please provide the previous 13 months of energy data for this dwelling. Please see page 5 for instructions.

Instructions for auditor - Please fill out form completely and keep a copy for your records.

Version 3.1
May 4, 2016

Auditor Name: _____ Audit Date: _____

Member Name: _____ Member Account #: _____

Address (where audit performed): _____

City: _____ State: _____ Zip: _____ Phone: _____

E-Mail address: _____

Dwelling Type (Check one): Single-family home _____ Multi-family home _____ Manufactured home _____

Dwelling Exterior (Check one): Brick _____ Aluminum _____ Vinyl _____ Wood _____ Age of home (yrs) _____

Square footage of living space _____ Number of Occupants: _____

EXTERIOR

MEASURE	EXISTING	RECOMMENDATIONS
Wall Insulation	Fiberglass ___ Cellulose ___ None ___ Other (specify) _____ R-Value _____	
Attic Insulation	Fiberglass ___ Cellulose ___ None ___ Other (specify) _____ R-Value _____	
Joist-space Insulation	Fiberglass ___ Cellulose ___ None ___ Other (specify) _____ R-Value _____	
Windows	Number _____ Storm Window # _____	
Type of Windows	Single pane _____ Double pane _____ Other _____	
Exterior Doors	Number _____	
Type of Exterior Doors	Single pane _____ Double pane _____ Other _____	
Comments:		

FOUNDATION

MEASURE	EXISTING	RECOMMENDATIONS
Basement material	Poured <input type="checkbox"/> Brick <input type="checkbox"/> Stone <input type="checkbox"/> Other <input type="checkbox"/>	
Basement insulation	Fiberglass <input type="checkbox"/> Cellulose <input type="checkbox"/> None <input type="checkbox"/> Other (specify) _____ R-Value _____	
Floors (crawl space)	Fiberglass <input type="checkbox"/> Cellulose <input type="checkbox"/> None <input type="checkbox"/> Other (specify) _____ R-Value _____	

Comments:

AIR CONDITIONING

Type of cooling system	Central <input type="checkbox"/> Window <input type="checkbox"/> Heat pump <input type="checkbox"/> None <input type="checkbox"/>	
Percent of sq. ft. cooled	Percentage _____	
Window units	Number _____ Age _____ Tons/BUT per hr. _____ SEER _____	
Type of Central unit	GSHP <input type="checkbox"/> DFHP <input type="checkbox"/> Standard A/C <input type="checkbox"/>	
Central unit	Age _____ Tons/BUT per hr. _____ SEER _____	
Ducts in unconditioned space	Sealed: YES <input type="checkbox"/> NO <input type="checkbox"/> Insulated: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Ceiling fans	Number _____	
Participates in Co-op Interruptable Program	YES <input type="checkbox"/> NO <input type="checkbox"/>	

Comments:

LIGHTING

Incandescent bulbs	Number _____ Avg wattage _____	
Compact fluorescent bulbs	Number _____ Avg wattage _____	
Number of CFLs installed by auditor	Number _____ Avg wattage _____	
Occupancy sensors	Number _____	

Comments:

SPACE HEATING

MEASURE	EXISTING	RECOMMENDATIONS
Type of primary heating system	Forced air _____ Baseboard _____ Hot water _____	
Primary heating system	Age (yrs) _____ BTU/hr _____ Efficiency % _____	
Percent of sq. ft. heated	Percentage _____	
Fuel source	Gas _____ Propane _____ Electric _____ Wood _____ Oil _____	
Ducts in unconditioned areas	Sealed: YES _____ NO _____ Insulated: YES _____ NO _____	
Type of secondary heating system	Forced air _____ Baseboard _____ Hot water _____	
Secondary heating system	Age (yrs) _____ BTU/hr _____ Efficiency % _____	
Percent of sq. ft. heated	Percentage _____	
Fuel source	Gas _____ Propane _____ Electric _____ Wood _____ Oil _____	
Ducts in unconditioned areas	Sealed: YES _____ NO _____ Insulated: YES _____ NO _____	
Programmable thermostats	YES _____ NO _____ If yes, is it running as a: Manual adjust _____ Constant temperature _____ Program mode with setbacks _____	
Participates in Co-op Interruptable Program	YES _____ NO _____	

Comments:

WATER HEATING

Type of water heater	Electric _____ Propane _____ Natural Gas _____ Solar _____	
Size/Age/Efficiency	Gallons _____ Age (yrs) _____ Efficiency % _____	
Low flow shower head	YES _____ NO _____ Number _____	
Faucet aerators	YES _____ NO _____ Number _____	

Comments:

APPLIANCES		
MEASURE	EXISTING	RECOMMENDATIONS
Primary refrigerator	Bottom freezer ____ Top freezer ____ Side-by-side ____ Age (yrs) _____	
Secondary refrigerator	Bottom freezer ____ Top freezer ____ Side-by-side ____ Age (yrs) _____	
Dishwasher	YES ____ NO ____ Energy Saver Mode: YES ____ NO ____ Age (yrs) _____	
Clothes washer	Front loader ____ Top loader ____ Age (yrs) _____	
Clothes dryer	Electric ____ Gas ____ Age (yrs) _____	
Comments:		

ADDITIONAL APPLIANCES

Dehumidifier	YES ____ NO ____	
Pool heater/pump	YES ____ NO ____	
Sump pump	YES ____ NO ____	
Well pump	YES ____ NO ____	
Range/Oven	Electric ____ Gas ____	
Extra freezer	YES ____ NO ____	
Jacuzzi/hot tub	YES ____ NO ____	
Aquarium	YES ____ NO ____	
Water bed heater	YES ____ NO ____	
Computer	YES ____ NO ____	
Phantom loads	TV ____ DVD ____ Cell ____ Cable box ____	
Home office	YES ____ NO ____	
Other	List _____ List _____ List _____ List _____ List _____ List _____	

Comments:

BLOWER DOOR TEST RESULTS

Whole house infiltration with blower door

	Pre-infiltration reduction	Post-infiltration reduction	
Whole house leakage (CFM)			
At pressure differential (Pa)			
Infiltration reduction cost (\$)			
Evaluate duct sealing:			
Blower door subtraction			
Duct leakage method:			
	Pre-infiltration reduction	Post-infiltration reduction	Post-duct sealing
With registers/grills open			
Whole house leakage (CFM)			
At pressure differential (Pa)			
With registers/grills sealed			
Whole house leakage (CFM)			
At pressure differential (Pa)			
Duct/house pressure differential (Pa)			
	Pre-duct sealing	Post-duct sealing	
Duct operating pressures			
Supply (Pa)			
Return (Pa)			
Duct Sealing Cost	\$		
Infiltration Reduction Cost	\$		

This information should be provided by the Cooperative prior to commencement of the audit for inclusion in this form.

Account Energy Usage for 13 months

MONTH	Monthly kWh	MONTH	Monthly kWh
1.		8.	
2.		9.	
3.		10.	
4.		11.	
5.		12.	
6.		13.	
7.			

ADDITIONAL COMMENTS