

Home Energy Inspection Checklist

Property

Client: _____
Zip Code: _____
Address: _____
City: _____
State: _____
Year: _____
City w/ Similar Climate: _____

Resident Ages

Under 5 _____ 6 to 13 years: _____
14-64 years: _____ Over 65: _____

Building Design

Front Door faces: N, NE, E, SE, S, SW, W, NW

Stores above ground level: 1, 2, 3, 4

Heated/cooled floor area: TOTAL SF

Foundation Type: slab/basement/ crawl space

Found. /Floor insulated: Y or No/Don't know

Does the house have a crawl space yes/no

Is crawl space insulated yes/no

Is crawl space vented yes/no

Ceiling insulation level (R or Inches) _____

Roof insulation level (R or Inches): _____

Attic Type:

Conditioned, Unconditioned or Cathedral Ceiling

Wall insulation: Yes or Don't Know

If yes how many inches? _____

Airtightness

Weather stripping &/or Caulk? Yes No
Measured or est. air leakage (optional): _____

Windows

Front of House

Window Type: Duel pane yes or no

Aluminum/ vinyl or wood circle one

Low e glass yes or no

Estimated window area: _____ s.f.

Back of House

Window Type: Duel pane yes or no

Aluminum/ vinyl or wood circle one

Low e glass yes or no

Estimated window area: _____ s.f.

Left of House

Window Type: Duel pane yes or no

Aluminum/ vinyl or wood circle one

Low e glass yes or no

Estimated window area: _____ s.f.

Right of House

Window Type: Duel pane yes or no

Aluminum/ vinyl or wood circle one

Low e glass yes or no

Estimated window area: _____ s.f.

Skylights area _____ sf

Window Type: Duel pane yes or no

Aluminum/ vinyl or wood circle one

Low e glass yes or no

Appliances

Clothes Washer: Yes No

Energy efficient rating if known _____

Dryer gas or Electric _____

Number of Refrigerators: _____

Number of Freezers: _____

Water Heater

Year Purchased: _____

Fuel: _____

Tank Size: _____

If indirect use fuel source from heating system

Heating Equipment

Type/Fuel: _____

Year Purchased: _____

Efficiency: _if known _____

Capacity: _____ BTU/hour

Baseboard Steam Forced Hot Air

Hydronic forced air if more than one unit add total number for questions above.

Cooling Equipment

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Type/Fuel: _central or inwall

Year Purchased: _____

Efficiency: _____

Capacity: _____ BTU/hour

Tonnage if known _____ or total amps if known
_____ if more than one unit add up total # for
questions above

Thermal Distribution

Duct Location: _____

Ducts insulated: Yes No
leave blank if none

Boiler Pipe Insulation: Yes No
Leave blank for none

Whole House Fan: Yes No

Beyond Scope of ESR

Does House have a Pool? Yes No
If yes how many hours a day do you run the pool ?

How many months a year do you run the pool _____

Does House have a Hot Tub? Yes No
How many hours a day do you run _____
How many months a year do you run _____

Does House have a Well? Yes No

Wood or Pellet Stove present? Yes No
% of heat used to heat the house ? _____

Solar or Wind System present? Yes No
Number of light bulbs in the house _____
Type of bulbs _____