



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 3.0
January 6, 2020

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 (Member completes)	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	Wood _____ Metal _____ Other _____	

Additional comments:

FOUNDATION

MEASURE	EXISTING (Member completes)	RECOMMENDATIONS
Basement material	Poured ____ Brick ____ Stone ____ Other ____	
Basement insulation	Fiberglass ____ Cellulose ____ None ____ Other (specify) _____ R-Value _____	
Floors (crawl space)	Fiberglass ____ Cellulose ____ None ____ Other (specify) _____ R-Value _____	

Additional comments:

AIR CONDITIONING

MEASURE	EXISTING (Member completes)	RECOMMENDATIONS
Type of cooling system	Central ____ Window ____ Heat pump ____ None ____	
Percent of sq. ft. cooled	Percentage _____	
Window units	Number ____ Age ____ Tons/BTU per hr. ____ SEER ____	
Type of Central unit	GSHP ____ DFHP ____ Standard A/C ____	
Central unit	Age ____ Tons/BUT per hr. ____ SEER ____	
Ducts in unconditioned space	Sealed: YES ____ NO ____ Insulated: YES ____ NO ____	
Ceiling fans	Number _____	
Participates in Co-op Interruptable Program	YES ____ NO ____	

Additional comments:

LIGHTING

MEASURE	EXISTING (Member completes)	RECOMMENDATIONS
Incandescent bulbs	Number _____ Avg wattage _____	
LED bulbs	Number _____ Avg wattage _____	
Number of LEDs installed by auditor	Number _____ Avg wattage _____	
Occupancy sensors	Number _____	

Additional comments:

SPACE HEATING

MEASURE	EXISTING (Member completes)	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 _____	

Additional comments:

WATER HEATING

MEASURE	EXISTING (Member completes)	RECOMMENDATIONS
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 _____	

Additional comments:

APPLIANCES

MEASURE	EXISTING (Member completes)	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) _____	

Additional 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 _____	

Additional 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)			
Duct operating pressures	Pre-duct sealing	Post-duct sealing	
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 Use Data			
Prior to the audit, please provide the previous 13 months of energy data for this dwelling			
MONTH	Monthly kWh	MONTH	Monthly kWh
1.		8.	
2.		9.	
3.		10.	
4.		11.	
5.		12.	
6.		13.	
7.			

