Louisiana Housing Corporation

Energy Audit Data Collection Form

AGENCY / PARISH

App. Date:

Application #:

ClientID:

ClientName:

Day Phone:

ClientAddress:

parish:

ClientPrecinct:

Assessors:

Contact Types

1. Applicant/Person of Record
2. Other Contact for Applicant
3. Landlord / Owner 1
4. Landlord / Owner 2

Contact Name:	Relation:	Day Phone:	Type: -

Ownership:

Owner ◯
Renter ◯
Other ◯

Occupants:

SeniorFlag: ◯
JuvenileFlag: ◯
DisabilityFlag: ◯

Household size:
Ethnicity:
Client Language:
Disability Type:

Dwelling Setup

_____# Rooms (T house)
_____# Bedrooms
_____# Smokers/Pets
_____# Fireplaces
_____# Unvented Heaters
_____# CO2 Patient

Dwelling Type

◯ Site Built
◯ Mobile Home
◯ Duplex
◯ Multifamily(>4)
◯ Shelter
◯ Other

ROOF TYPE:

☐ FLAT
☐ PICKED
☐ GABLE
☐ HIP
☐ MANSARD

ROOF MATERIALS:

☐ SHINGLE
☐ METAL Industrial
☐ Metal Corrugated
☐ WOOD
☐ Slate
☐ Cool Seal Needed
☐ Need Repair

SIDING:

☐ Vinyl
☐ Brick
☐ Asbestos Shingle
☐ Hardie Board
☐ Wood Lap
☐ Aluminum
☐ Need Repair

Wind Shielding:

Well ◯ Normal ◯ Exposed ◯

Home Leakiness:

Tight ◯ Medium ◯ Loose ◯

Ventilated O Not Ventilated O

Orien Long Wall
North O East O South O West O

WARNING:

LEAD PAINT ◯
MOISTURE PROBLEMS ◯
SEWER PROBLEMS ◯
Not Friendly Trailer Access ◯
Beware of Dog(s) ◯
Gas Leaks in House ◯
Gas Leaks Outside House ◯

Cond. Stories:
Year Built:
Length :
Width:
Height:
FloorArea Sq':
Volume of Air
Outdoor Temp Pre:
Post:
Wind Condition Pre:
Post:

Orient Long Wall:
North ◯ East ◯ South ◯ West ◯

Blower Door Manometer Used Pre and Post:

Calibration dates Pre Post:

Pre :
Ring:
Pa:
Base:
CFM 50 AST :
ASHRAE Target:
Minimum CFM Reduction:
ASHRAE: Required MVR:
Fan Needed: ◯ Fan Cap:
Fan Run/Hour:
Post:
Ring:
Pa:
Base:

TARGET REDUCTION PERCENTAGES					
No Air Sealing	20%	30%	40%	45%	50%
0-1250	1251-2750	2751-4250	4251-5500	5501-7500	>7501

PRIMARY SOURCE OF HEAT:

☐ Unvented Heater ☐ Vented Gas Heater ☐ Portable 110 V
☐ Stove ☐ HVAC ☐ AC Windows 220V

Primary Heating Fuel:

Electricity ◯
Natural Gas ◯
Propane ◯
Oil ◯
Wood ◯

Annual Cost:

Est.% for Heating:

High Use ◉
High Burden ◉

Outdoor WH Closet: ◯

Louisiana Housing Corporation

Application #: ClientID: Date:

ClientName: Day Phone: Assessors:

Wall Type:		Exterior Type:		Exposure:
1. Baloon Frame	4. Cinder Block	1. Wood	4. Stucco	1. Exposed
2. Platform Frame	5. Adobe	2. Brick (Stone)	5. Masonite	2. Buffered
3. Masonry / Stone	6. Other	3. Metal (Vinyl)	6. Other	3. Attic

Existing Insulation		Add Insulation	MH Insulation
1. None	4. Rockwool	1. None	1. Batt/Blanket (in)
2. Bln Cellulose	5. Fiberglass Batts	2. Bln Cellulose	2. Loose Fill (in)
3. Bln Fiberglass	6. Polystyrene / Other	3. Bln Fiberglass	3. Foam Core (in)

Walls	Wall Type	Stud Size	Exterior Type	Exposure	Orientation	W' / H'	Area	Exist. Insul.	Depth	Add Insul	MH Type / Thick
WALL 01											
WALL 02											
WALL 03											
WALL 04											
WALL 05											
WALL 06											
WALL 07											
WALL 08											
WALL 09											
WALL 10											

WindowType	Slider	Frame Type	Glazing	Interior Shade	Ext. Shade	Leakiness	Number	Retrofit
1. Jalousie	1. Horizontal	1. Wood / Vinyl	1. Single Pane	1. Drapes	1. Low E Film	1. Tight	# of windows	1. Evaluate
2. Slider	2. Vertical	2. Metal	2. Sngl. P. W/ Storm	2. Drapes w/ Shades	2. Solar Screen	2. Medium	With the same	2. Add Storm
3. Fixed	3. Left - Right	3. Improved Metal	3. Double Pane	3. Blinds / Shades	3. Awning	3. Loose	Description	3. Weatherize
4. Door Window	4. Right - Left	4. COLOR - B M W	4. Dbl. P. W/ Low E	4. None	4. Carport	4. Very Loose		4. Replace
5. Door Slider					5. Porch			5. Solar Scrn
6. Skylight					6. None			6. None

S h a d e

Windows	Type	Slider	Frame	Color	Glazing	Interior	Exterior	%Shade	Leakiness	Wall	Num	Retro	W '	H '	NOTES
WIND 01															
WIND 02															
WIND 03															
WIND 04															
WIND 05															
WIND 06															
WIND 07															
WIND 08															
WIND 09															
WIND 10															

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Door Type	StormDoor	Number	Measure	Swing	Lockset	Air Seal	Threshold Oak/Bumper	Hinge	Strike
1. H-Core Wood 4. Sngl Sliding Glass 2. S-Core Wood 5. Dbl Pane Glass 3. Insulated Steel	1. Adequate 2. Deteriorated 3. None	# of Doors With the same Description	1. Repair 2. Replace	1. Right Hand 2. Left Hand	1. DeadBolt 2. Knob 3. Combo	1. Jamb Up 4. V-Seal (C/B) 2. Q-Lon 3. Sweep (M/B)	1. 3/4 Oak 4. 1 x 5/8 Bumper 2. 1 Oak 5. 1/2 Bumper 3. 1 Bumper 6. 3/4 Bumper (B)	1. Reg 2. NRP	1. Reg 2. Lrg

DoorCode	DoorType	Area	StormDoor	WallCode	Number	Measure	Swing	Width	Height	Thick	Lockset	Air Seal	Thresh	Hinge	Strike	Viewer
DOOR 01																
DOOR 02																
DOOR 03																
DOOR 04																
DOOR 05																
DOOR 06																

Unfinished Attic

AtticType	JoistSpace	Type	Material
1. Unfloored 2. Floored 3. Cathedral / Flat	1. 16 in 2. 18 in 3. 24 in	1. Batts 2. Blown 3. Other	1. Fiberglass 2. Rockwool 3. Cellulose

Existing Insulation

AtticCode	AtticType	Joist Sp	Area	Type	Material	Depth	R Value
UFA 01							
UFA 02							
UFA 03							

Mobile Home Ceiling

Roof Type	Roof Color	Exist Insula
1. Bowstring 2. Flat 3. Pitched	1. Reflective 1. Shaded 2. Normal	1. Batt/Blanket 1. Loose Fill 2. Foam Core

Type	Color	Insula	Depth in	R Value

Cathedral % | Roof Height at Center

Additional Framing

Type

1. Cathedral
2. Kneewall
3. Skylight

Type | Sq ft.

Centers

1. 16 in
2. 18 in
3. 24 in

O/C

Heat Sources

1. WH / Furn
2. Exh Fan
3. Rec Lght

HeatSrc

Hatch

1. Replace
2. WZNstrip
3. Batt/Baffle

Hatch

Stairbox

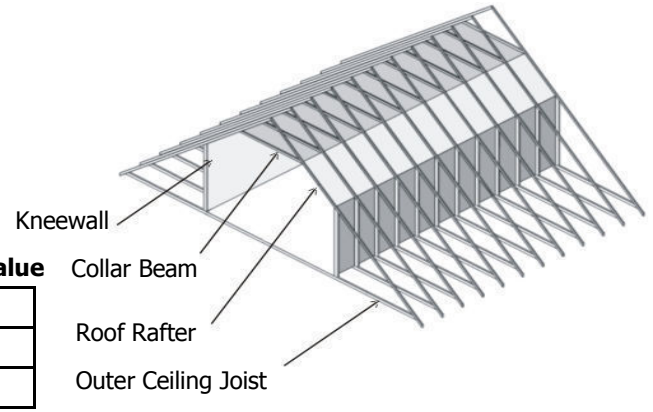
Exist | Add | Batt/Baffle

Finished Attic

Area Type	Floor Type	Type	Material
1. Outer Ceiling Joist 2. Collar Beam 3. Kneewall 4. Roof Rafter	1. Unfloored 2. Floored	1. Batts 2. Blown 3. Other	1. Fiberglass 2. Rockwool 3. Cellulose

Existing Insulation

Attic Code	Area Type	Floor	Area	Type	Material	Depth	R Value
FA01							
FA02							
FA03							



The four parts of a finished attic define the envelope of the heated area

Louisiana Housing Corporation

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Foundations

Foundation Type

1. Conditioned
2. Non Conditioned
3. Vented Non Cond.
4. Unintentionally Cond.
5. Uninsulated Slab
6. Insulated Slab
7. Exposed Floor

FoundCode	FoundType
FD 01	
FD 02	
FD 03	

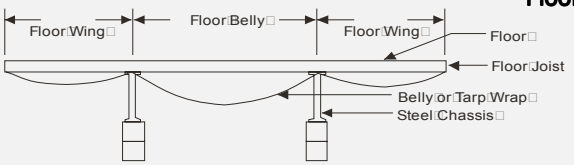
Floor — Area (sq ft) | Exist. Insul. R-Value

Sill — Joist Spacing (in) | Perimeter to Insul (ft)

F. Wall — Height (ft) | Height Exposed (%) | Perimeter (ft) | Exist. R-Value

Foundation Insulation options ○ Floor ○ None

Mobile Home Floor



Floor Joist Direction ○ Lengthwise ○ Widthwise

Is there a Skirt? ○ Yes ○ No

Floor Wing Description

Joist Size (in) | Loose Insul (in)

Batt Insul. Location

1. Attached to flooring
2. Between Joist
3. Attached Under Joist
4. None"

Location | Thickness

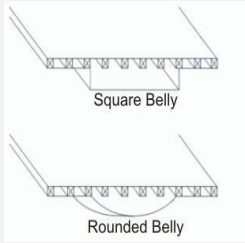
Floor Belly (Center) Desc.

Joist Size (in) | Loose Insul (in)

Batt Insul. Location

1. Attached to flooring
2. Between Joist
3. Attached Under Joist
4. Draped Below Joist
5. None

Location | Thickness



Belly Configuration

○ Square ○ Rounded ○ Flat

Belly Condition

○ Good ○ Average ○ Poor

Max Depth Belly Cavity (in)

Mobile Home Shell (Continued)

Walls — **MH Insulation**

1. Batt/Blanket (in)
2. Loose Fill (in)
3. Foam Core (in)

MH Type / Thick

Enter the wall area not accessible for insulating.

Uninsulatable Area (sq ft)

Windows — Average Size: Width | Height

Number Facing: North | East | South | West

Doors — Average Size: Width | Height

Number Facing: North | East | South | West

Carport / Porch / Roof

Width | Length | Orientation: N E S W

Mobile Home Additions

Use the "A" suffix in the Wall, Window, Door Code to signify a MH Addition; ie Wall01A, Win01A, D01A
Utilize the Wall, Window, and Door data collection pages, to record MH Addition information

Walls — Stud Size

Orientation: North East South West

Ventilation: Ventilated Not Ventilated

MH Addition Insul

1. Batt/Blanket (in)
2. Loose Fill (in)
3. Foam Core (in)

MH Addition - Wall config

1. Max Wall height at Interior wall
2. Max Wall height in Rm center
3. All Addition Wall the same height

MH Type / Thick

Addition Interior Wall — Max Height | Max Width

Windows — Average Size: Width | Height

Number Facing: North | East | South | West

Doors — Average Size: Width | Height

Number Facing: North | East | South | West

MH Addition - Floor Type

1. Crawl Space
2. Slab on Grade
3. Exposed Floor

Joist Size

Addition Floor Batt

1. Attach to flooring
2. Between Joist
3. Attach Under Joist
4. None

Depth in | Add inches

FlrLength | Width

Ceiling — Joist Size

Roof Color

1. Reflective
1. Shaded
2. Normal

Exist Insula

1. Batt/Blanket
1. Loose Fill
2. Foam Core

Depth in

Louisiana Housing Corporation

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Heating Equipment Type		Fuel Type		Equipment Location
1. Gravity Furnace	6. Heat Pump	1. Natural Gas	5. Oil	1. Heated Space
2. Forced Air Furnace	7. V-Space heater	2. Electricity	6. Propane	2. Uncond. Space
3. Sealed Combustion	8. UnV-Space Heater	3. Wood	7. Coal	3. Unintentional Heated
4. Fixed Elect Resistance	9. V-Wall Furnace	4. Kerosene	8. Other	
5. Portable Electric	10. UnV-Wall Furnace			

Uninsulated Supply Ducts

Duct Type Rect/Round	Length	Width	Height if Rectangular	Diameter if Circular

MH	Primary Sys	SysCode	EquipType	FuelType	% Supplied	Equip Location	Manufacturer	Model	Sq'	Watt	Amp	Volt		HSPF or	Yr.Purch.
◯	◯	HS01											Heat Pump Details		
◯	◯	HS02													
◯	◯	HS03													

Required Heating System Details

Input Heating Units		Condition	
1. No Input	4. Lbs/hr	1. Good	4. Broken (non-function
2. kBTU/hr	5. CCM	2. Fair	5. None
3. Gals/hr		3. Poor (functions)	

Mobile Home Heating System Details

MH Duct Location
1. Floor
2. Ceiling
3. None

MH Duct Insulation Location	
1. Above Duct	4. No Insulation
2. Below Duct	
3. Around or Ductboard	

SysCode	MH Duct Loc	MH Duct Insul. Loc
HS01		
HS02		
HS03		

SysCode	InputUnits	InputRating	Output Cap. (in heat units)	SS Eff. %	EquipCond.	Smart Therm
HS01						◯
HS02						◯
HS03						◯

CO Analyzer Used Pre and Post Audit:

Calibration Date Pre Post:

Additional Heating System Details

Burner Condition	Pilot Condition	Elect. Serv. Switch
1. Good	1. Good	1. Good
2. Fair	2. Fair	2. Fair
3. Poor (working)	3. Poor (working)	3. Poor (working)
4. Broken (not working)	4. Broken (not working)	4. Broken (not working)

SysCode	BurnerCond	PilotCond	E.Serv.Switch	C/O levels	GasLeak	Cracked Heat Exchanger	Fuel Shut Off Not Present	Drip Leg Not Present	Therm.Type	Day Setting	Night Setting
HS01					◯	◯	◯	◯			
HS02					◯	◯	◯	◯			
HS03					◯	◯	◯	◯			

SysCode	Additional Comments
HS01	
HS02	
HS03	

Louisiana Housing Corporation

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Cooling System Details

AC Unit Type

1. Central
2. Window
3. Heat Pump
4. Evaporative

AC Code	Additional Comments
AC0___	
AC0___	

AC Code	AC Type	AC Manufacturer	AC Model #	Area Cooled (sq')	Size (kBTU/hr)	SEER	Or Year Purchase
AC01							
AC02							
AC03							
AC04							

Mobile Home Additional Comments

Mobile Home Cooling System Details

EfficiencyUnits
1. COP
2. EER
3. SEER

DuctLocation
1. Floor
2. Ceiling
3. None

DuctInsul.
1. Above Duct
2. Below Duct
3. Around Duct
4. None

Primary	Mobile Home	Capacity (kBTU/hr)	Eff. Rating	Eff. Units	DuctLoc	Insul	% Cooled
○	○						
○	○						
○	○						
○	○						

WHOLE HOUSE INFILTRATION REDUCTION / BLOWER DOOR

Comments:

Pre Blower Door: CFM Reading | Pressure Differential (Pa)

Post Blower Door : | PA :

Zonal Pressures (Test WRT House and WRT Outdoors)

Zone Tested	Before		After		Zone Tested	Before		After	
	WRT House	WRT Outside	WRT House	WRT Outside		WRT House	WRT Outside	WRT House	WRT Outside
Attic 1					**Crawlspace**				
Attic 2					**Bellyboard**				

Comment

Pressure Pan Test

Sum of Pressure Pan Reading (PA)

	Location	Before	After		Location	Before	After		Location	Before	After
1				8				15			
2				9				16			
3				10				17			
4				11				18			
5				12				19			
6				13				20	RETURN		
7				14							

Louisiana Housing Corporation

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B A S E L O A D S

Water Heater(s)

WH Code	Manufacturer	Model:	Serial #:
WH01			
WH02			

Fuel Type
1. Natural Gas
2. Electricity
3. Propane

Equipment Location
1. Heated Space
2. Uncond. Space
3. Unintentional Heated

Input Units
1. kBTU
2. kW

If WH wrap is present, skip Insul.Thick & Insul,Type

Is the first 5' of WH supply pipe insulated?

Insulation Type
1. Fiberglass
2. Polyurethane

Shower Heads

of Shower Heads

Shower Use (min/day)

Average GPM

WH Code	Fuel Type	Equip.Loc.	Rated Input	Input Units	Gallons	WH Wrap	Pipe Insul.	Original Tank Insul. Thick.	Insul. Type	Water Heater Condition Good	Fair	Poor	Burner Condition Good	Fair	Poor	CO Level	WH Stand
WH01						○	○			○	○	○	○	○	○		○
WH02						○	○			○	○	○	○	○	○		○

Comments:

R e f r i g e r a t o r

Manufacturer | **Model**

Refrigerator Style
1. Top Freezer
2. Side by Side
3. Single Door
4. Sngl Door w/ Freezer
5. Bottom Freezer
6. Other

Defrost
1. Automatic
2. Manual
3. Partial Auto
4. Other

Refrigerator Location
1. Heated Space
2. Uncond. Space
3. Unintentional Heated

Size cu ft

Available Space Dimesions

Height(in)

Width(in)

Depth(in)

○ **Ice Maker**

Door Type
○ Single
○ Double

Door Swing
○ Right Hand
○ Left Hand

Freezer Type
○ Top
○ Bottom

C o n s u m p t i o n

Label / Database Annual Consumption

kWhr/yr

Refrig Age
1. < 5 Yrs.
2. < 10 Yrs.
3. < 15 Yrs.
4. > 15 Yrs.

Door Seal Condition
1. Good
2. Some Wear
3. Visible Gaps

Or

Metered Consumption

Minutes

Meter kWh

Temp F

Defrost
○ Manual Defrost
○ Includes Defrost Cycle

L i g h t i n g S y s t e m

Room Description
1. Family
2. Kitchen
3. Living
4. Rec
5. Dining
6. Bedroom
7. Bathroo
8. Utility

Location
1. Ceiling
2. Floor
3. Table
4. Wall
5. Closet
6. Other

Lamp Type
1. Standard
2. Floor
3. Other

Light Code	Room Desc	Room Location	Lamp Type	Qaunt.	Size (watts)	Usage (hr/day)
LT01						
LT02						
LT03						
LT04						
LT05						
LT06						
LT07						
LT08						
LT09						
LT10						

Louisiana Housing Corporation

Housing App#: | ClientID: | | Assessors: | Date:

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HEALTH & SAFETY

Whole House

Alarms Needed

- ◯ Smoke Detector
  Quantity : _____
- ◯ CO Monitor
  Quantity : _____

Carbon Monoxide Measurements

	PRE:	POST:
Rm with Heating System (ppm)		
Rm with Water Heater (ppm)		
Living Area (ppm)		
Kitchen (ppm)		

Comments:

Attic

- ◯ Recessed Lights Present
- ◯ Chimney/Flue Incorect Shielding
- ◯ Wiring/Electrical Problems
- ◯ Inadequate Ventilation
- ◯ Water Leaks Present
- ◯ Moisture Problems Evident
- ◯ Vermiculite Present
- ◯ Other Problems

Building SHELL

Walls

- ◯ Wiring/Electrical Problems
- ◯ Water Leaks Present
- ◯ Moisture Problems Evident
- ◯ Lead Based Paint is Likely
- ◯ Asbestos in Siding is Likely
- ◯ Other Problems

Comments:

Crawlspace / Basement

- ◯ Vapor Barrier Needed
- ◯ Wiring/Electrical Problems
- ◯ Water Leaks Present
- ◯ Plumbing Leaks Present
- ◯ Moisture Problems Evident
- ◯ Other Problems

Equipment

CO Analyz Used Pre Post:

Calibration Dates:

Worse Case Condition Draft Measurements - SPACE HEATING SYSTEM

Date	Conducted During: Audit (Pre)	Conducted During: Inspection (Post)	SysCode	Outdoor Temp (F)	Draft (Pa or in H20)	Spillage Time(sec)	Comments
	◯	◯	HS0__				
	◯	◯	HS0__				
	◯	◯	HS0__				
	◯	◯	HS0__				

Worse Case Condition Draft Measurements - WATER HEATING SYSTEM

Date	Conducted During: Audit (Pre)	Conducted During: Inspection (Post)	SysCode	Outdoor Temp (F)	Draft (Pa or in H20)	Spillage Time(sec)	Comments
	◯	◯	WH0__				
	◯	◯	WH0__				
	◯	◯	WH0__				
	◯	◯	WH0__				

Cook Stove CO Measurements

	PRE:	POST:
CO Measurement Oven (ppm)		
CO Measurement Burner 1 (ppm)		
CO Measurement Burner 2 (ppm)		
CO Measurement Burner 3 (ppm)		
CO Measurement Burner 4 (ppm)		

Gas Leak Present ◯

Exhaust Fans

KITCHEN

- ◯ Missing
- ◯ Non Operational
- ◯ Improper Venting

CFM PRE: POST:

BATHROOM 1

- ◯ Missing
- ◯ Non Operational
- ◯ Improper Venting

CFM PRE: POST:

BATHROOM 2

- ◯ Missing
- ◯ Non Operational
- ◯ Improper Venting

CFM PRE: POST:

BATHROOM 3

- ◯ Missing
- ◯ Non Operational
- ◯ Improper Venting

CFM PRE: POST:

Wood Stove / Fireplace

- ◯ Wood Stove / Fireplace is Present
- ◯ Improper Venting
- ◯ Inadequate Combustion Air

Clothes Dryer

- ◯ Improper Venting

Air-to-Air Heat Exchanger

◯ Exist ◯ Non Operational

Housing App#:

ClientName:

Include the locations of; Heaters, A/C Units, Water Heaters, Attic Hatches, and Vents

Shielded - closely surrounded by other buildings Normal - surrounded by trees / other bldgs Exposed

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