



HOME ENERGY ASSESSOR DATA COLLECTION SHEET

Home Energy Assessor Data Collection Sheet

OREGON HOME ENERGY REBATES PROGRAMS

This document is intended to support individuals conducting home energy assessments on behalf of the Oregon Home Energy Rebates programs. The Oregon Home Energy Rebates are funded through the Inflation Reduction Act (IRA) Home Efficiency Rebates (“HOMES”) and Home Electrification & Appliance Rebates (“HEAR”). Use of this sheet is not required but may serve as a useful tool to document existing home conditions.

KEY			
	Required for all assessed homes	⚡	Required for Utility Bill Calibration
	Required when present/applicable to the home	+	Required when seeking rebate funds related to this item
	Not required; may be useful for utility bill calibration. Record if easily accessible.	*	Not required; delivery of this datapoint may be eligible for additional payment.

A. HOME ADDRESS			
Street Address ⁺		Unit ⁺	
City ⁺		Zip Code ⁺	
House Type ⁺	<input type="checkbox"/> Detached Single-Family <input type="checkbox"/> Attached Single-Family <input type="checkbox"/> Apartment unit <input type="checkbox"/> Manufactured home		
If Attached, On Which Side(s) is the Unit Attached? <i>Select all that apply for attached single-family or apartment unit homes</i>		<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Top <input type="checkbox"/> Bottom <input type="checkbox"/> Front <input type="checkbox"/> Back	

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B. ASSESSMENT BASICS			
Assessor Name [†]		Company	
Assessment Type	<input type="checkbox"/> Initial <input type="checkbox"/> Final <input type="checkbox"/> QA Review <input type="checkbox"/> Corrected	Date [†]	
Customer Complaint(s) [†] <i>Chief issues spurring home assessment</i>	<input type="checkbox"/> Broken Equipment <input type="checkbox"/> Uncomfortable <input type="checkbox"/> High Energy Bills <input type="checkbox"/> Unhealthy Home <input type="checkbox"/> Environmental Concerns		

C. HOME BASICS			
Year Built [†]		No. Bedrooms	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
No. Stories [†] <i>Above-Grade Only</i>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Home Orientation <i>Front of Home Cardinal Direction</i>	<input type="checkbox"/> N <input type="checkbox"/> NE <input type="checkbox"/> E <input type="checkbox"/> SE <input type="checkbox"/> S <input type="checkbox"/> SW <input type="checkbox"/> W <input type="checkbox"/> NW
House Length		House Width	
	<i>ft</i>		<i>ft</i>
Number of Occupants <i>Record part-time residents as 0.5</i>		Floor Above Garage or Cantilevers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Conditioned Floor Area [†] <i>All Spaces with Heating/Cooling</i>		Average Ceiling Height <i>Weighted by Floor Area, In Feet</i>	<input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
	<i>ft²</i>		
Does the Conditioned Floor Area Include a Basement? [†]			<input type="checkbox"/> Yes <input type="checkbox"/> No

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C. HOME BASICS

Floor Plan Drawing

Space to Draw Floor Plan to Calculated Conditioned Floor Area, Average Ceiling Height, or Other Areas

D. AIR TIGHTNESS

Was This Home Professionally Air Sealed?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Was a Blower Door Test Conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Air Leakage Rate*	CFM50

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E. ROOF & ATTIC AREAS

The sum of the home's roof/attic areas must be equal to or greater than the sum of the home's foundation areas. If the home has more than two roof/attic areas, the Assessor shall combine the most similar roof/attic types to characterize the entire home's roof/attic areas.

Roof / Attic 1 Floor Area[†]			<i>ft²</i>
Roof Construction[†]	<input type="checkbox"/> Standard <input type="checkbox"/> With Radiant Barrier <input type="checkbox"/> Rigid Foam Sheathing	Roof Exterior Finish[†]	<input type="checkbox"/> Composition Shingles or Metal <input type="checkbox"/> Wood Shakes <input type="checkbox"/> Clay Tile <input type="checkbox"/> Concrete Tile <input type="checkbox"/> Tar & Gravel
Roof Color	<input type="checkbox"/> White <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Medium Dark <input type="checkbox"/> Dark	Roof Insulation[†]	<i>R-value:</i>
Attic / Ceiling Type[†]	<input type="checkbox"/> Unconditioned Attic <input type="checkbox"/> Flat Roof <input type="checkbox"/> Cathedral Ceiling <input type="checkbox"/> Other Unit	Attic Floor Insulation[†]	<i>R-value:</i>
Insulation Depth	<i>inches</i>	Insulation Type	<input type="checkbox"/> Fiberglass <input type="checkbox"/> Rockwool <input type="checkbox"/> Cellulose <input type="checkbox"/> Spray Foam
Knee Wall(s) Present? <i>Includes skylight wells</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Knee Wall Area	<i>ft²</i>
If Yes, Knee Wall Insulation Efficiency			<i>R-value:</i>
Is There a Second Roof / Attic?[†]			<input type="checkbox"/> Yes <input type="checkbox"/> No
Roof / Attic 2 Floor Area[†]			<i>ft²</i>
Roof Construction[†]	<input type="checkbox"/> Standard <input type="checkbox"/> With Radiant Barrier <input type="checkbox"/> Rigid Foam Sheathing	Roof Exterior Finish[†]	<input type="checkbox"/> Composition Shingles or Metal <input type="checkbox"/> Wood Shakes <input type="checkbox"/> Clay Tile <input type="checkbox"/> Concrete Tile <input type="checkbox"/> Tar & Gravel
Roof Color	<input type="checkbox"/> White <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Medium Dark <input type="checkbox"/> Dark	Roof Insulation[†]	<i>R-value:</i>
Attic / Ceiling Type[†]	<input type="checkbox"/> Unconditioned Attic <input type="checkbox"/> Flat Roof <input type="checkbox"/> Cathedral Ceiling <input type="checkbox"/> Other Unit	Attic Floor Insulation[†]	<i>R-value:</i>

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E. ROOF & ATTIC AREAS			
Insulation Depth	<i>inches</i>	Insulation Type	<input type="checkbox"/> Fiberglass <input type="checkbox"/> Rockwool <input type="checkbox"/> Cellulose <input type="checkbox"/> Spray Foam
Knee Wall(s) Present? <i>Includes skylight wells</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Knee Wall Area	<i>ft²</i>
If Yes, Knee Wall Insulation Efficiency			<i>R-value:</i>

F. FOUNDATION AREAS			
<i>The sum of the home's roof/attic areas must be equal to or greater than the sum of the home's foundation areas. If the home has more than two foundation areas, the Assessor shall combine the most similar foundation types to characterize the entire home's foundation areas.</i>			
Foundation 1 Floor Area [†]			<i>ft²</i>
Foundation Type [†]	<input type="checkbox"/> Slab-on-Grade <input type="checkbox"/> Unconditioned Basement <input type="checkbox"/> Conditioned Basement <input type="checkbox"/> Unvented Crawlspace <input type="checkbox"/> Vented Crawlspace <input type="checkbox"/> Conditioned Crawlspace <input type="checkbox"/> Above Other Unit		
Floor Insulation <i>Above Basement or Crawlspace</i>	<i>R-Value:</i>		
Foundation Wall Insulation	<input type="checkbox"/> R-0 (slab only) <input type="checkbox"/> R-11 (basement or crawlspace wall) <input type="checkbox"/> R-19 (basement or crawlspace wall)		
Is There a Second Foundation? [†]			<input type="checkbox"/> Yes <input type="checkbox"/> No
Foundation 2 Floor Area [†]			<i>ft²</i>
Foundation Type [†]	<input type="checkbox"/> Slab-on-Grade <input type="checkbox"/> Unconditioned Basement <input type="checkbox"/> Conditioned Basement <input type="checkbox"/> Unvented Crawlspace <input type="checkbox"/> Vented Crawlspace <input type="checkbox"/> Conditioned Crawlspace <input type="checkbox"/> Above Other Unit		
Floor Insulation <i>Above Basement or Crawlspace</i>	<i>R-value:</i>		
Foundation Wall Insulation	<input type="checkbox"/> R-0 (slab only) <input type="checkbox"/> R-11 (basement or crawlspace wall) <input type="checkbox"/> R-19 (basement or crawlspace wall)		

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G. WALLS			
Front Wall Adjacent Area	<input type="checkbox"/> Outside <input type="checkbox"/> Other Unit <input type="checkbox"/> Other Non-Freezing Space <input type="checkbox"/> Other Heated Space <input type="checkbox"/> Other Multifamily Buffer Space	Back Wall Adjacent Area	<input type="checkbox"/> Outside <input type="checkbox"/> Other Unit <input type="checkbox"/> Other Non-Freezing Space <input type="checkbox"/> Other Heated Space <input type="checkbox"/> Other Multifamily Buffer Space
Right Wall Adjacent Area	<input type="checkbox"/> Outside <input type="checkbox"/> Other Unit <input type="checkbox"/> Other Non-Freezing Space <input type="checkbox"/> Other Heated Space <input type="checkbox"/> Other Multifamily Buffer Space	Left Wall Adjacent Area	<input type="checkbox"/> Outside <input type="checkbox"/> Other Unit <input type="checkbox"/> Other Non-Freezing Space <input type="checkbox"/> Other Heated Space <input type="checkbox"/> Other Multifamily Buffer Space
Front Wall Construction	<input type="checkbox"/> Wood Frame <input type="checkbox"/> Wood Frame with Rigid Foam Sheathing <input type="checkbox"/> Wood Frame with Optimum Value Engineering (OVE) <input type="checkbox"/> Structural Brick <input type="checkbox"/> Concrete Block or Stone <input type="checkbox"/> Straw Bale <input type="checkbox"/> Log		
Front Wall Exterior Finish	<input type="checkbox"/> Wood Siding, Fiber Cement, Composite Shingle, or Masonite Siding <input type="checkbox"/> Stucco <input type="checkbox"/> Vinyl Siding <input type="checkbox"/> Aluminum Siding <input type="checkbox"/> Brick Veneer <input type="checkbox"/> None		
Front Wall Insulation	<i>R-value:</i>		
Are All Walls The Same Construction?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If No...	Right Wall	Left Wall	Back Wall
Wall Construction	<input type="checkbox"/> Wood Frame <input type="checkbox"/> Wood Frame with Rigid Foam Sheathing <input type="checkbox"/> Wood Frame with Optimum Value Engineering (OVE) <input type="checkbox"/> Structural Brick <input type="checkbox"/> Concrete Block or Stone <input type="checkbox"/> Straw Bale <input type="checkbox"/> Log	<input type="checkbox"/> Wood Frame <input type="checkbox"/> Wood Frame with Rigid Foam Sheathing <input type="checkbox"/> Wood Frame with Optimum Value Engineering (OVE) <input type="checkbox"/> Structural Brick <input type="checkbox"/> Concrete Block or Stone <input type="checkbox"/> Straw Bale <input type="checkbox"/> Log	<input type="checkbox"/> Wood Frame <input type="checkbox"/> Wood Frame with Rigid Foam Sheathing <input type="checkbox"/> Wood Frame with Optimum Value Engineering (OVE) <input type="checkbox"/> Structural Brick <input type="checkbox"/> Concrete Block or Stone <input type="checkbox"/> Straw Bale <input type="checkbox"/> Log
Exterior Finish	<input type="checkbox"/> None <input type="checkbox"/> Wood Siding, Fiber Cement, Composite Shingle, or Masonite Siding <input type="checkbox"/> Stucco <input type="checkbox"/> Vinyl Siding <input type="checkbox"/> Aluminum Siding <input type="checkbox"/> Brick Veneer	<input type="checkbox"/> None <input type="checkbox"/> Wood Siding, Fiber Cement, Composite Shingle, or Masonite Siding <input type="checkbox"/> Stucco <input type="checkbox"/> Vinyl Siding <input type="checkbox"/> Aluminum Siding <input type="checkbox"/> Brick Veneer	<input type="checkbox"/> None <input type="checkbox"/> Wood Siding, Fiber Cement, Composite Shingle, or Masonite Siding <input type="checkbox"/> Stucco <input type="checkbox"/> Vinyl Siding <input type="checkbox"/> Aluminum Siding <input type="checkbox"/> Brick Veneer
Wall Insulation	<i>R-value:</i>	<i>R-value:</i>	<i>R-value:</i>

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H. WINDOWS, SKYLIGHTS, & DOORS					
Front Window Area		ft ²	Back Window Area		ft ²
Right Window Area		ft ²	Left Window Area		ft ²
Front Overhang Depth		ft	Back Overhang Depth		ft
Right Overhang Depth		ft	Left Overhang Depth		ft
Front Window Panes	<input type="checkbox"/> Single-Pane <input type="checkbox"/> Double-Pane <input type="checkbox"/> Triple-Pane				
Front Window Frame	<input type="checkbox"/> Aluminum <input type="checkbox"/> Aluminum with Thermal Break <input type="checkbox"/> Wood or Vinyl / Fiberglass				
Front Window Glazing Type	<input type="checkbox"/> Clear <input type="checkbox"/> Tinted \ Solar-Controlled Low-E <input type="checkbox"/> Solar-Controlled Low-E, Argon Gas Fill <input type="checkbox"/> Insulating Low-E <input type="checkbox"/> Insulating Low-E, Argon Gas Fill				
Solar Screens?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
U-Factor <i>If Available</i>			SHGC <i>If Available</i>		
Are Windows The Same on All Sides?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If No...	Right Windows	Back Windows	Left Windows		
Window Panes	<input type="checkbox"/> Single-Pane <input type="checkbox"/> Double-Pane <input type="checkbox"/> Triple-Pane	<input type="checkbox"/> Single-Pane <input type="checkbox"/> Double-Pane <input type="checkbox"/> Triple-Pane	<input type="checkbox"/> Single-Pane <input type="checkbox"/> Double-Pane <input type="checkbox"/> Triple-Pane		
Frame	<input type="checkbox"/> Aluminum <input type="checkbox"/> Aluminum with Thermal Break <input type="checkbox"/> Wood or Vinyl	<input type="checkbox"/> Aluminum <input type="checkbox"/> Aluminum with Thermal Break <input type="checkbox"/> Wood or Vinyl	<input type="checkbox"/> Aluminum <input type="checkbox"/> Aluminum with Thermal Break <input type="checkbox"/> Wood or Vinyl		
Glazing Type	<input type="checkbox"/> Clear <input type="checkbox"/> Tinted \ Solar-Controlled Low-E <input type="checkbox"/> Solar-Controlled Low-E, Argon Gas Fill <input type="checkbox"/> Insulating Low-E <input type="checkbox"/> Insulating Low-E, Argon Gas Fill	<input type="checkbox"/> Clear <input type="checkbox"/> Tinted \ Solar-Controlled Low-E <input type="checkbox"/> Solar-Controlled Low-E, Argon Gas Fill <input type="checkbox"/> Insulating Low-E <input type="checkbox"/> Insulating Low-E, Argon Gas Fill	<input type="checkbox"/> Clear <input type="checkbox"/> Tinted \ Solar-Controlled Low-E <input type="checkbox"/> Solar-Controlled Low-E, Argon Gas Fill <input type="checkbox"/> Insulating Low-E <input type="checkbox"/> Insulating Low-E, Argon Gas Fill		

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H. WINDOWS, SKYLIGHTS, & DOORS			
Solar Screens?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
U-Factor <i>If Available</i>			
SHGC <i>If Available</i>			
Are Skylights Present in the Home?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Skylight Area	<i>ft²</i>	Skylight Panes	<input type="checkbox"/> Single-Pane <input type="checkbox"/> Double-Pane <input type="checkbox"/> Triple-Pane
Skylight Frame	<input type="checkbox"/> Aluminum <input type="checkbox"/> Aluminum with Thermal Break <input type="checkbox"/> Wood or Vinyl		<input type="checkbox"/> Clear <input type="checkbox"/> Tinted \ <input type="checkbox"/> Solar-Controlled Low-E <input type="checkbox"/> Solar-Controlled Low-E, Argon Gas Fill <input type="checkbox"/> Insulating Low-E <input type="checkbox"/> Insulating Low-E, Argon Gas Fill
U-Factor <i>If Available</i>		SHGC <i>If Available</i>	
Exterior Doors			
Characteristics	Exterior Door 1	Exterior Door 2	Exterior Door 3
Material	<input type="checkbox"/> Metal <input type="checkbox"/> Wood <input type="checkbox"/> Fiberglass	<input type="checkbox"/> Metal <input type="checkbox"/> Wood <input type="checkbox"/> Fiberglass	<input type="checkbox"/> Metal <input type="checkbox"/> Wood <input type="checkbox"/> Fiberglass
Weatherization	<input type="checkbox"/> Insulated <input type="checkbox"/> Not Insulated <input type="checkbox"/> Good Weatherstripping <input type="checkbox"/> Poor/No Weatherstripping	<input type="checkbox"/> Insulated <input type="checkbox"/> Not Insulated <input type="checkbox"/> Good Weatherstripping <input type="checkbox"/> Poor/No Weatherstripping	<input type="checkbox"/> Insulated <input type="checkbox"/> Not Insulated <input type="checkbox"/> Good Weatherstripping <input type="checkbox"/> Poor/No Weatherstripping

I. HEATING & COOLING SYSTEM(S), DUCTS	
<i>If the home has more than two heating/cooling/duct systems, the Assessor shall combine the most similar heating/cooling/duct types to characterize all HVAC systems in the entire home.</i>	
Heating System Fuel [†]	<input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Propane/LPG <input type="checkbox"/> Electricity <input type="checkbox"/> Cord Wood <input type="checkbox"/> Pellet Wood <input type="checkbox"/> Solar <input type="checkbox"/> None
Heating System Type [†]	<input type="checkbox"/> Central Furnace <input type="checkbox"/> Through-the-Wall Furnace <input type="checkbox"/> Boiler <input type="checkbox"/> Baseboard <input type="checkbox"/> Central Air-Source Heat Pump <input type="checkbox"/> Minisplit (Ductless) Heat Pump

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		<input type="checkbox"/> Ground-Coupled Heat Pump <input type="checkbox"/> Stove <input type="checkbox"/> None		
Heating System Efficiency		<input type="checkbox"/> AFUE <input type="checkbox"/> COP <input type="checkbox"/> HSPF <input type="checkbox"/> HSPF2		
Heating System Percent* <i>Portion of Home Served</i>	%	Output Capacity	<i>BTU/hour</i>	Year Installed <i>If Available</i>
Cooling System Type*		<input type="checkbox"/> Central Air Conditioner <input type="checkbox"/> Room Air Conditioner <input type="checkbox"/> Electric Air Source Heat Pump <input type="checkbox"/> Minisplit (Ductless) Heat Pump <input type="checkbox"/> Ground-Coupled Heat Pump <input type="checkbox"/> Direct Evaporative Cooling <input type="checkbox"/> None		
Cooling System Efficiency		<input type="checkbox"/> SEER <input type="checkbox"/> SEER2 <input type="checkbox"/> EER <input type="checkbox"/> CEER		
Cooling System Percent* <i>Portion of Home Served</i>	%	Output Capacity	<i>BTU/hour</i>	Year Installed <i>If Available</i>
Is This System Ducted?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Air Sealed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Duct Leakage Rate* <i>Leakage to Outdoors Only</i>	<i>CFM 25</i>	
Pressure Pan Test Results*	<i>Pa</i>	Total External Static Pressure Test Results*	<i>In. w.c.</i>	
Characteristic	Duct Location 1	Duct Location 2	Duct Location 3	
Location	<input type="checkbox"/> Conditioned Space <input type="checkbox"/> Under Slab <input type="checkbox"/> Exterior Wall <input type="checkbox"/> Outside <input type="checkbox"/> Unconditioned Basement <input type="checkbox"/> Vented Crawlspace <input type="checkbox"/> Unvented Crawlspace or Unconditioned Garage <input type="checkbox"/> Unconditioned Attic	<input type="checkbox"/> Conditioned Space <input type="checkbox"/> Under Slab <input type="checkbox"/> Exterior Wall <input type="checkbox"/> Outside <input type="checkbox"/> Unconditioned Basement <input type="checkbox"/> Vented Crawlspace <input type="checkbox"/> Unvented Crawlspace or Unconditioned Garage <input type="checkbox"/> Unconditioned Attic	<input type="checkbox"/> Conditioned Space <input type="checkbox"/> Under Slab <input type="checkbox"/> Exterior Wall <input type="checkbox"/> Outside <input type="checkbox"/> Unconditioned Basement <input type="checkbox"/> Vented Crawlspace <input type="checkbox"/> Unvented Crawlspace or Unconditioned Garage <input type="checkbox"/> Unconditioned Attic	
Ducts Percent	%	%	%	
Insulated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
HVAC Upgrade Action*		<input type="checkbox"/> Replace with a Newer Model <input type="checkbox"/> Keep Existing System As-Is <input type="checkbox"/> Remove System Permanently <input type="checkbox"/> Install a New, Non-Existing System <input type="checkbox"/> Unknown / Undecided		
Is There Another HVAC System?*				<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Heating System 2				

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I. HEATING & COOLING SYSTEM(S), DUCTS					
Fuel*	<input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Propane/LPG <input type="checkbox"/> Electricity <input type="checkbox"/> Cord Wood <input type="checkbox"/> Pellet Wood <input type="checkbox"/> Solar <input type="checkbox"/> None				
Type*	<input type="checkbox"/> Central Furnace <input type="checkbox"/> Through-the-Wall Furnace <input type="checkbox"/> Boiler <input type="checkbox"/> Baseboard <input type="checkbox"/> Central Air-Source Heat Pump <input type="checkbox"/> Minisplit (Ductless) Heat Pump <input type="checkbox"/> Ground-Coupled Heat Pump <input type="checkbox"/> Stove <input type="checkbox"/> None				
Efficiency	<input type="checkbox"/> AFUE <input type="checkbox"/> COP <input type="checkbox"/> HSPF <input type="checkbox"/> HSPF2				
Percent of Home*		%	Output Capacity	<i>BTU/hour</i>	Year Installed
If Yes, Cooling System 2					
Type*	<input type="checkbox"/> Central Air Conditioner <input type="checkbox"/> Room Air Conditioner <input type="checkbox"/> Electric Air Source Heat Pump <input type="checkbox"/> Minisplit (Ductless) Heat Pump <input type="checkbox"/> Ground-Coupled Heat Pump <input type="checkbox"/> Direct Evaporative Cooling <input type="checkbox"/> None				
Efficiency	<input type="checkbox"/> SEER <input type="checkbox"/> SEER2 <input type="checkbox"/> EER <input type="checkbox"/> CEER				
Percent of Home*		%		<i>BTU/hour</i>	Year Installed
Is System 2 Ducted?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Air Sealed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Duct Leakage Rate*		
			<i>Leakage to Outdoors Only</i>	<i>CFM 25</i>	
Pressure Pan Test Results*			Total External Static Pressure Test Results*		
	<i>Pa</i>			<i>In. w.c.</i>	
Characteristic	Duct Location 1	Duct Location 2	Duct Location 3		
Location	<input type="checkbox"/> Conditioned Space <input type="checkbox"/> Under Slab <input type="checkbox"/> Exterior Wall <input type="checkbox"/> Outside <input type="checkbox"/> Unconditioned Basement <input type="checkbox"/> Vented Crawlspace <input type="checkbox"/> Unvented Crawlspace or Unconditioned Garage <input type="checkbox"/> Unconditioned Attic	<input type="checkbox"/> Conditioned Space <input type="checkbox"/> Under Slab <input type="checkbox"/> Exterior Wall <input type="checkbox"/> Outside <input type="checkbox"/> Unconditioned Basement <input type="checkbox"/> Vented Crawlspace <input type="checkbox"/> Unvented Crawlspace or Unconditioned Garage <input type="checkbox"/> Unconditioned Attic	<input type="checkbox"/> Conditioned Space <input type="checkbox"/> Under Slab <input type="checkbox"/> Exterior Wall <input type="checkbox"/> Outside <input type="checkbox"/> Unconditioned Basement <input type="checkbox"/> Vented Crawlspace <input type="checkbox"/> Unvented Crawlspace or Unconditioned Garage <input type="checkbox"/> Unconditioned Attic		
Ducts Percent		%		%	%
HVAC 2 Upgrade Action*	<input type="checkbox"/> Replace with a Newer Model <input type="checkbox"/> Keep Existing System As-Is <input type="checkbox"/> Remove System Permanently <input type="checkbox"/> Install a New, Non-Existing System <input type="checkbox"/> Unknown / Undecided				

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J. WATER HEATING			
Water Heater Fuel	<input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Propane/LPG <input type="checkbox"/> Electricity <input type="checkbox"/> Cord Wood <input type="checkbox"/> Pellet Wood <input type="checkbox"/> None		
Water Heater Type	<input type="checkbox"/> Storage Tank <input type="checkbox"/> Instantaneous <input type="checkbox"/> Heat Pump <input type="checkbox"/> Indirect Tank <input type="checkbox"/> Tankless Coil		
System Efficiency	<input type="checkbox"/> EF / <input type="checkbox"/> UEF	Year Installed <i>If Available</i>	
Location	<input type="checkbox"/> Conditioned, Unconfined Space <input type="checkbox"/> Conditioned, Confined Space <input type="checkbox"/> Unconditioned, Unconfined Space <input type="checkbox"/> Unconditioned, Confined Space		
Temperature Setting	<input type="checkbox"/> Low (120-130 °F) / <input type="checkbox"/> Medium (130-140 °F) / <input type="checkbox"/> High (140-150 °F) / <input type="checkbox"/> Very High (150 °F+)		
Tank Wrap Installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pipe Wrap Installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

K. SOLAR PHOTOVOLTAICS (PV)			
Is Solar PV Present at the Home?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Number of Panels		Rated Capacity <i>If Available</i>	<i>kW</i>
Year Installed		Facing Direction	<input type="checkbox"/> N <input type="checkbox"/> NE <input type="checkbox"/> E <input type="checkbox"/> SE <input type="checkbox"/> S <input type="checkbox"/> SW <input type="checkbox"/> W <input type="checkbox"/> NW
Panels Tilt	<input type="checkbox"/> Flat <input type="checkbox"/> Low Slope <input type="checkbox"/> Medium Slope <input type="checkbox"/> Steep Slope		

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L. UTILITY BILLS & BEHAVIOR									
Able to Get Home Energy Bills?*									<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, Why Not?* <i>If Pursuing HOMES Rebates, 1+ Reason Must Apply</i>				<input type="checkbox"/> Home Occupant Moved In Less than 1-Year Ago <input type="checkbox"/> Home Receives Delivered Fuels and Customer is Unable to Provide Accurate Records of Delivered Fuel <input type="checkbox"/> Home is a Unit in a Multifamily Building <input type="checkbox"/> Inconsistent Seasonal Home Occupation/Residency					
If Yes...*	Electricity Data*			Fuel 2 Data*			Fuel 3 Data*		
	Start Date*	End Date*	Usage*	Start Date*	End Date*	Usage*	Start Date*	End Date*	Usage*
				<input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Wood <input type="checkbox"/> Propane/LPG			<input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Wood <input type="checkbox"/> Propane/LPG		
1*	/	/		/	/		/	/	
2*	/	/		/	/		/	/	
3*	/	/		/	/		/	/	
4*	/	/		/	/		/	/	
5*	/	/		/	/		/	/	
6*	/	/		/	/		/	/	
7*	/	/		/	/		/	/	
8*	/	/		/	/		/	/	
9*	/	/		/	/		/	/	
10*	/	/		/	/		/	/	
11*	/	/		/	/		/	/	
12*	/	/		/	/		/	/	
13*	/	/		/	/		/	/	

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L. UTILITY BILLS & BEHAVIOR		
Thermostat Type ⁺	<input type="checkbox"/> Nonprogrammable <input type="checkbox"/> Programmable <input type="checkbox"/> Internet-connected	
Temperature Set Points ⁺	Space Heating ⁺	Space Cooling ⁺
Low End ⁺	<i>°F</i>	<i>°F</i>
High End ⁺	<i>°F</i>	<i>°F</i>
Occupant Usage / Behavior Notes ⁺		

M. HOME ELECTRICAL EQUIPMENT & APPLIANCES			
Electrical Panel Amperage ⁺			<i>Max Amps</i>
Electrical Concerns of Note ⁺ <i>Select All the Apply</i>		<input type="checkbox"/> Limited or No Free Circuit Breakers <input type="checkbox"/> Customer Complaint Includes Tripped Breakers, Outages <input type="checkbox"/> Knob & Tube Wiring	
Appliance ⁺	Fuel ⁺	Type ⁺	Condition ⁺
Stove/Cooktop/Oven ⁺	<input type="checkbox"/> Electric <input type="checkbox"/> Gas or Propane	<input type="checkbox"/> Electric Resistance <input type="checkbox"/> Induction <input type="checkbox"/> Flame	<input type="checkbox"/> New <input type="checkbox"/> Fair <input type="checkbox"/> Broken
Clothes Dryer ⁺	<input type="checkbox"/> Electric <input type="checkbox"/> Gas or Propane	<input type="checkbox"/> ENERGY STAR <input type="checkbox"/> Not ENERGY STAR	<input type="checkbox"/> New <input type="checkbox"/> Fair <input type="checkbox"/> Broken
Refrigerator ⁺		<input type="checkbox"/> ENERGY STAR <input type="checkbox"/> Not ENERGY STAR	<input type="checkbox"/> New <input type="checkbox"/> Fair <input type="checkbox"/> Broken
Lighting ⁺		<input type="checkbox"/> Incandescent <input type="checkbox"/> CFL <input type="checkbox"/> LED	<input type="checkbox"/> New <input type="checkbox"/> Fair <input type="checkbox"/> Broken
Has a Swimming Pool?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has a Hot Tub?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has an EV Charger?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, EV Charger Type	<input type="checkbox"/> ENERGY STAR <input type="checkbox"/> Not ENERGY STAR

HOME ENERGY ASSESSOR DATA COLLECTION SHEET

N. VENTILATION SYSTEMS				
Does the Kitchen Have Ventilation System(s)? ⁺ <i>Select All that Apply</i>			<input type="checkbox"/> Range Hood - Vented to Outdoors <input type="checkbox"/> Range Hood - Recirculating <input type="checkbox"/> Broken Range Hood <input type="checkbox"/> Openable Window	
If Yes Range Hood, Measured CFM? ⁺			<i>CFM</i>	
Ventilation Systems ⁺ <i>If 4+ Bathrooms, Exclude Those with Functional Fans</i>	Bathroom 1	Bathroom 2	Bathroom 3	Bathroom 4
	<input type="checkbox"/> Functional Bath Fan <input type="checkbox"/> Nonfunctional Bath Fan <input type="checkbox"/> Openable Window	<input type="checkbox"/> Functional Bath Fan <input type="checkbox"/> Nonfunctional Bath Fan <input type="checkbox"/> Openable Window	<input type="checkbox"/> Functional Bath Fan <input type="checkbox"/> Nonfunctional Bath Fan <input type="checkbox"/> Openable Window	<input type="checkbox"/> Functional Bath Fan <input type="checkbox"/> Nonfunctional Bath Fan <input type="checkbox"/> Openable Window

O. HOME HEALTH CONCERNS AND/OR AREAS FOR REMEDIATION				
<i>If observed by the Home Assessor, it is required to document the presence of conditions that can harm resident health and potentially become exacerbated through proposed home energy upgrade projects.</i>				
Does the Home Appear to Have Home Health Concerns? ⁺				<input type="checkbox"/> Yes <input type="checkbox"/> No
Concern	Present? ⁺	Location(s) ⁺	Amount ⁺	Additional Details ⁺
Mold	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Lead Paint	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Water Damage	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Vermiculite	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Asbestos	<input type="checkbox"/> Yes <input type="checkbox"/> No			
CAZ Test Failure <i>Combustion Appliance Zone Test</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No			
High Radon	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Gas Leak	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Broken Window	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Structural Hazard	<input type="checkbox"/> Yes <input type="checkbox"/> No			
High Ambient CO	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Structural Hazard	<input type="checkbox"/> Yes <input type="checkbox"/> No			