

Mobile Home Energy Audit Data Collection

Agency: BVCAP CAPLSC CAPMN CNCAP HFHO NENCAP NWCAP SENCAP

Client Name: _____ Job Number: _____

Client Address: _____ City: _____ Zip Code: _____ Phone Number: _____

Auditor Name: _____ Audit Date: _____ County: _____ Year Built: _____ Previously Weatherized: _____ / _____ / _____

Number of Occupants: _____ Number of Bedrooms: _____ Funding Source: DOE LIHEAP Other _____ Type of Occupants: Senior Disabled Juvenile Ownership: Owner Renter Other _____

Contact Types:	Name	Type	Relationship	Phone Number	Email
1 Applicant					
2 Landlord/Owner 1					
3 Landlord/Owner 2					
4 Other					

HEALTH AND SAFETY

Pressure Diagnostic Measurements:
Blower Door Reading at 50 Pa:
Pre WX: _____ Initials: _____ Target CFM: _____
Post WX: _____ Initials: _____ Notes: _____

CAZ Testing Completed:
Verified Yes No
(If no, why): _____

Aluminum Wiring Present:
Yes No
Location: _____

Carbon Monoxide Measurements:
Room with Heating System _____ ppm
Room with Water Heater _____ ppm
Living Area _____ ppm
Kitchen _____ ppm
Other _____ ppm

CO Monitor(s) Needed: Yes No
Location(s): _____

Smoke/Fire Detector(s) Needed:
Yes No
Locations: _____

Solid Fuel Burning Units:
Solid Fuel Burning Stove/Fireplace Present
Yes No Fuel Type _____
Properly Vented Yes No
Outside Combustion Air Provided
Yes No

Additional Health and Safety Comments:

EXHAUST FANS AND VENTING

Location	Existing	Operational	Properly Vented	Fan CFM	Measured Fan Flow	Operable Window	Light
Bath 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bath 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bath 3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Kitchen	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dryer			<input type="checkbox"/> Yes <input type="checkbox"/> No				

Building Height _____ FT Addition Height _____ FT
Measured vertical distance between the lowest and highest above-grade points within the pressure envelope. This height should include the above-grade part of a basement if the basement is within the pressure envelope. Do not include an attic if it is not within the pressure envelope.

Additional Exhaust Fan and Venting Comments:

SHELL INFORMATION

Shielding	Leakiness	Long Wall Orientation	Shell Size	Stud Size	Wall Ventilation	Insulation Type/Thickness	Outdoor WHCloset
Well	Tight	North/South	Width	2x2 2x4	Vented	Batt/Blanket	Yes No
Normal	Medium	East/West	Length	2x3 2x6	Not Vented	Loose Fill	
Exposed	Loose					Foam Core	

SHELL INFORMATION (CONT.)

Additional Wall Information:

Wiring/Electrical Issues Yes No Water Leaks Present Yes No Other Concerns Yes No
 Moisture Problems Evident Yes No Lead Based Paint Likely Yes No If Yes, what Concerns: _____

Additional Wall Inspection Comments:

WINDOWS						
Type	Slider	Frame Type	Glazing	Interior Shade	Exterior Shade	Leakiness
1 Jalousie 2 Awning 3 Slider 4 Fixed 5 Door Window 6 Sliding Glass Door 7 Skylight	1 Horizontal 2 Vertical 3 Left-Right 4 Right-Left	1 Wood/Vinyl 2 Metal 3 Imp. Metal	1 Single Pane 2 Single w/Glass Storm 3 Single w/Plastic Storm 4 Double Pane 5 Double w/Glass Storm 6 Double w/Plastic Storm	1 Drapes 2 Blinds/Shades 3 Drapes w/ Shades 4 None	1 Low E Film 2 Solar Screen 3 Awning 4 Carport 5 Porch 6 None	1 Very Tight 2 Tight 3 Medium 4 Loose 5 Very Loose

Window	Wall Direction				Type	Slider	Frame	Glazing	Interior Shade	Exterior Shade	% of Shade	Leakiness	Width	Height
	N	S	E	W										
Window 01														
Window 02														
Window 03														
Window 04														
Window 05														
Window 06														
Window 07														
Window 08														
Window 09														
Window 10														
Window 11														
Window 12														
Window 13														
Window 14														
Window 15														
Window 16														

Additional Window Inspection Comments:

DOORS								
Type	Storm Door	Number	Swing	Lockset	Air Seal	Threshold	Strike	Hinge
1. H-Core 2. S-Core 3. Insulated Steel 4. Standard Mobile Home Door 5. Single Sliding Glass 6. Double Sliding Glass	1. Yes 2. No	Number of doors with the same description on this wall	1. Right Hand 2. Left Hand	1. Deadbolt 2. Knob 3. Combo	1. Jamb Up 2. Q-Lon 3. Sweep 4. V-Seal	1. 3/4" Oak 2. 1" Oak 3. 1" Bumper 4. 1x5/8" Bumper 5. 1/2" Bumper 6. 3/4" Bumper	1. Regular 2. Large	1. Regular 2. NRP

Door	Wall Direction	Door Type	Storm Door	Number	Swing	Lockset/Air Seal	Threshold/Hinge	Strike/Viewer	Width	Height	Thickness
Door 01						/	/	/			
Door 02						/	/	/			
Door 03						/	/	/			
Door 04						/	/	/			

Additional Door Inspection Comments:

CEILING

Roof Type	Roof Color	Existing Insulation	Height at Center
Bowstring Flat Pitched	Reflective Shaded Normal	Batts/Blanket _____ in. Loose Fill _____ in. Foam Core _____ in.	Cathedral %

Additional Ceiling Inspection Information/Details:

Recessed Can Lights Present	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chimney/Flue Shielding Present	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wiring/Electrical Issues	<input type="checkbox"/> Yes <input type="checkbox"/> No	Water Leaks Present	<input type="checkbox"/> Yes <input type="checkbox"/> No
Moisture Problems Evident	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Concerns	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Ceiling Inspection Comments:

FLOORS

Floor Joist Direction		Is there a Skirt?		Floor Wing Description		Batt Insulation Location	
Lengthwise	Widthwise	Yes	No	Joist Size (in)		1 Attached to Flooring	
				Loose Insul (in)		2 Between Joist	
				Location		3 Attached Under Joist	
						4 Draped Below Joist	
						5 None	
Belly Configuration		Belly Condition		Floor Belly Center Description		Maximum Depth of Belly Cavity: _____ Inches	
Square		Good		Joist Size (in)			
Rounded		Average		Loose Insul (in)			
Flat		Poor		Location			

Additional Floor Inspection Information/Details:

Wiring/Electrical Issues	<input type="checkbox"/> Yes <input type="checkbox"/> No	Water Leaks Present	<input type="checkbox"/> Yes <input type="checkbox"/> No
Moisture Problems Evident	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vapor Barrier Needed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Plumbing Leaks Present	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Concerns	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Floor Inspection Comments:

MOBILE HOME ADDITION INFORMATION

Wall Configuration	Long Wall Orientation	Stud Size		Wall Ventilation	Insulation Type/Thickness	Addition Interior Wall	
Maximum Wall Height at Interior Wall	North/South	2x2	2x4	Vented	Batt/Blanket	Maximum Height	
Maximum Wall Height at Room Center	East/West	2x3	2x6	Not Vented	Loose Fill	Minimum Height	
All Addition The Same Height					Foam Core		

Additional Mobile Home Addition Information/Details:

Wiring/Electrical Issues	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lead Base Paint Likely	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Leaks Present	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Concerns	<input type="checkbox"/> Yes <input type="checkbox"/> No
Moisture Problems Evident	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Additional Mobile Home Addition Comments:

MOBILE HOME ADDITION WINDOWS

Type	Slider	Frame Type	Glazing	Interior Shade	Exterior Shade	Leakiness	Number of Same
1 Jalousie 2 Slider 3 Fixed 4 Door Window 5 Door Slider 6 Skylight	1 Horizontal 2 Vertical 3 Left-Right 4 Right-Left	1 Wood/Vinyl 2 Metal 3 Imp. Metal	1 Single Pane 2 Sngl. P. w/Storm 3 Sngl. P. Bad/ Storm 4 Double Pane 5 Dbl. P. w/ Low E	1 Drapes 2 Blinds/Shades 3 Drapes w/ Shades 4 None	1 Low E Film 2 Solar Screen 3 Awning 4 Carport 5 Porch 6 None	1 Very Tight 2 Tight 3 Medium 4 Loose 5 Very Loose	Number of windows with the same description on this wall

Window	Wall Direction	Type	Slider	Frame	Glazing	Interior Shade	Exterior Shade	% Shade	Leakiness	Number of Same	Width	Height
Window 01												
Window 02												
Window 03												
Window 04												

Additional Window Inspection Comments:

MOBILE HOME ADDITION DOORS

Type	Storm Door	Number	Swing	Lockset	Air Seal	Threshold	Strike	Hinge
1 H-Core 2 NRP 3 S-Core 3 Insulated Steel 4 Sing. Sliding Glass 5 Double Sliding Glass	1 Adequate 2 Deteriorated 3 None	Number of windows with the same description on this wall	1 Right Hand 2 Left Hand	1 Deadbolt 2 Knob 3 Combo	1 Jamb Up 2 Q-Lon 3 Sweep 4 V-Seal	1 ¼ Oak 2 1 Oak 3 1 Bumper 4 1x5/8 Bumper 5 ½ Bumper 6 ¾ Bumper	1 Regular 2 Large	1 Regular 2 NRP

Door	Wall Direction	Door Type	Storm Door	Number	Swing	Lockset/Air Seal	Threshold/Hinge	Strike/Viewer	Width	Height	Thickness
Door 01						/	/	/			
Door 02						/	/	/			
Door 03						/	/	/			
Door 04						/	/	/			

Additional Door Inspection Comments:

MOBILE HOME ADDITION CEILING

Joist Size	Roof Color	Existing Insulation	Insulation Depth
	<input type="checkbox"/> Reflective <input type="checkbox"/> Shaded <input type="checkbox"/> Normal	<input type="checkbox"/> Batts/Blanket <input type="checkbox"/> Loose Fill <input type="checkbox"/> Foam Core	

Additional Ceiling Inspection Information/Details:

- Recessed Can Lights Present Yes No
 Wiring/Electrical Issues Yes No
 Moisture Problems Evident Yes No
 Chimney/Flue Shielding Present Yes No
 Water Leaks Present Yes No
 Other Concerns Yes No

Additional Ceiling Inspection Comments:

MOBILE HOME ADDITION FLOOR

Floor Type	Floor Length	Additional Floor Batt	Existing Insulation
<input type="checkbox"/> Craw Space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> Exposed Floor	<input type="checkbox"/> Floor Width <input type="checkbox"/> Joist Size	1 Attached to Floor 2 Between Joists 3 Attach Under Joist 4 None	<input type="checkbox"/> Type <input type="checkbox"/> Depth (in) 1 Batt/Blanket 2 Loose Fill 3 Foam Core

Additional Floor Inspection Information/Details:

- Wiring/Electrical Issues Yes No
 Moisture Problems Evident Yes No
 Plumbing Leaks Present Yes No
 Water Leaks Present Yes No
 Vapor Barrier Needed Yes No
 Other Concerns Yes No

Additional Floor Inspection Comments:

HEATING SYSTEM DETAILS

Equipment Type	Fuel Type	Equipment Location	Input Heating Units	Condition	
1 Gravity Furnace 2 Forced Air Furnace 3 Fix. Elec. Resistance 4 Portable Electric 5 Hot Water Boiler	6 Heat Pump 7 V-Space Heater 8 UnV-Space Heater 9 V-Wall Furnace 10 UnV-Wall Furnace	1 Natural Gas 2 Electricity 3 Wood 4 Kerosene	5 Oil 6 Propane 7 Coal 8 Other	1 Heated Space 2 Uncond. Space 3 Unintentionally Heated	1 No Input 2 kBTU/hr 3 Gals/hr 4 Lbs/hr 5 COM

System Code	Type	Fuel	% Supply	Loc.	Sq. Ft.	Watts	Amps	Volts	Efficiency	Yr. Purch.	Manufacturer	Model No.
Htng. Syst. 01												
Htng. Syst. 02												
Htng. Syst. 03												

Additional Heating System Inspection Information/Details:

- Duct Location Floor Ceiling None
 Duct Insulation Location Above Duct Below Duct Around Duct or Ductboard No Insulation
 Burner Condition Heating System ___ Good Fair Poor Heating System ___ Good Fair Poor
 Pilot Condition Heating System ___ Good Fair Poor Heating System ___ Good Fair Poor
 Elect. Serv. Switch Condition Heating System ___ Good Fair Poor Heating System ___ Good Fair Poor
 Exist. Smart Thermo. Yes No Gas Furnace Drip Leg Present Yes No
 Exist. Comb. Air Yes No Pilot Light Yes No
 Other Concerns Yes No

Additional Heating System Inspection Comments:

COOLING SYSTEM DETAILS

Equipment Type				Condition			
1 Central Air	2 Window Air	3 Heat Pump	4 Evaporative Cooler	1 Good	2 Fair	3 Poor (working)	4 Not Working

System Code	AC Type	% Supply	Area Cooled (sq. ft.)	Size (kBTU/hr.)	SEER	Yr. Purch.	Manufacturer	Model Number	Serial Number
AC. Syst. 01									
AC. Syst. 02									
AC. Syst. 03									
AC. Syst. 04									

Additional Cooling System Inspection Comments:

REFRIGERATOR DETAILS

Manufacturer _____	Style <input type="checkbox"/> Top Freezer <input type="checkbox"/> Bottom Freezer <input type="checkbox"/> Side-By-Side <input type="checkbox"/> Single Door <input type="checkbox"/> Single Door w/ Freezer <input type="checkbox"/> Other _____	Defrost <input type="checkbox"/> Automatic <input type="checkbox"/> Manual <input type="checkbox"/> Partial Automatic <input type="checkbox"/> Other _____	Location <input type="checkbox"/> Heated <input type="checkbox"/> Unconditioned <input type="checkbox"/> Unintentionally Conditioned	Size _____
Model Number _____	Available Space Dimensions Height (in) _____ Width (in) _____ Depth (in) _____	Label/Database Annual Consumption kWh/yr _____ Age _____ <input type="checkbox"/> Less than 5 years <input type="checkbox"/> 5 to 9 years <input type="checkbox"/> 10-14 years <input type="checkbox"/> 15 + years	Metered Consumption Metering Minutes _____ Manual Defrost _____ Meter Reading (kWh) _____ Includes Defrost Cycle _____ Temperature (°F) _____	Door Seal Condition <input type="checkbox"/> Good <input type="checkbox"/> Fair – Some Wear <input type="checkbox"/> Poor – Gaps visible

Additional Refrigerator Inspection Comments:

PRESSURE PAN TESTING

Duct Pressure Pan Measurements With Home at -50 Pascals				Duct Pressure Pan Measurements Without Blower Door Operating			
Duct No.	Duct Location/Description	Pre-sealing	Post-sealing	Duct No.	Duct Location/Description	Pre-sealing	Post-sealing
1				1			
2				2			
3				3			
4				4			
5				5			
6				6			
7				7			
8				8			
9				9			
10				10			
11				11			
12				12			

Supply PA	Before Duct Sealing	After Duct Sealing	Average
-----------	---------------------	--------------------	---------

Measure with pressure pan and air handler on, average the pressure of the registers closest to and farthest from the air handler.

Additional Pressure Pan Testing Comments:

WATER HEATING SYSTEM DETAILS

Fuel Type	Equipment Location	Input Units	Insulation Type	Shower Heads	
1 Natural Gas 2 Electricity 3 Propane	1 Heated Space 2 Uncond. Space 3 Unintentional Heated	1 kBtu 2 kW	1 Fiberglass 2 Polyurethane	No. of Shower Heads	
				Min/Day	
				Avg. GPM	

System Code	Fuel Type	Equip. Location	Rated Input	Gallons	Manufacturer	Model Number	Serial Number	Ex. Tank Insulation Type	Ex. Pipe Insulation Type
Wtr. Htr. 01									
Wtr. Htr. 02									

Additional Water Heating System Information/Details:

Verified the Existing Unit is Approved for Use in Mobile Homes Yes No
 Water Heater Condition Wtr. Htr. 01 Good Fair Poor Wtr. Htr. 02 Good Fair Poor
 Burner Condition Wtr. Htr. 01 Good Fair Poor Wtr. Htr. 02 Good Fair Poor
 Leaking Problems Evident Yes No Drip Leg Present Yes No
 Pipe Insulation Required Yes No Other Concerns Yes No

Additional Water Heating System Inspection Comments:

LIGHTING SYSTEM DETAILS

Room		Location		Lamp Type
1 Family	5 Dining	1 Ceiling	4 Wall	1 Standard
2 Kitchen	6 Bedroom	2 Floor	5 Closet	2 Floor
3 Living	7 Bathroom	3 Table	6 Other	3 Other
4 Rec	8 Utility			

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

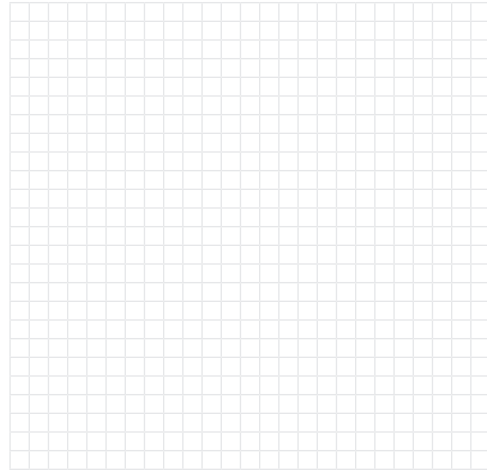
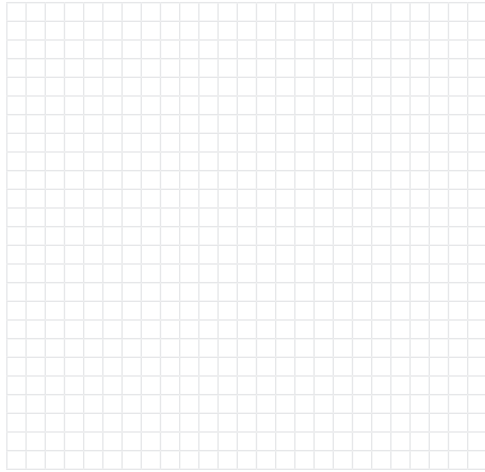
Additional Lighting System Inspection Comments:

SITE DIAGRAM

A large, empty grid area for drawing a site diagram. The grid consists of 30 columns and 30 rows of small squares, providing a structured space for technical drawing.

Continued on Page 8

WALL ELEVATIONS

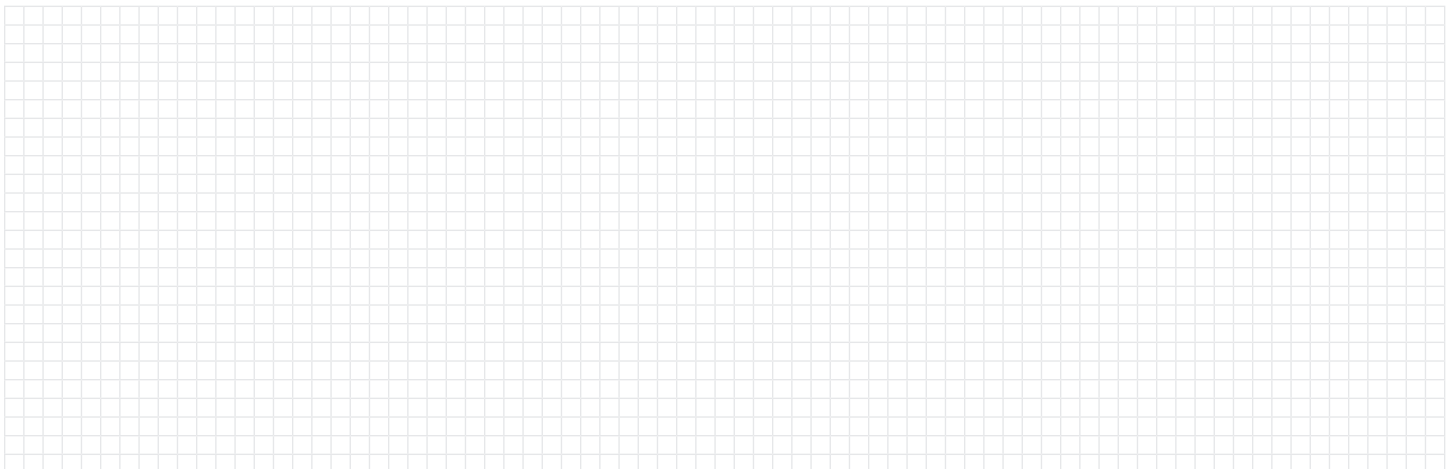


Front: Facing _____

Rear: Facing _____



Left: Facing _____



Right: Facing _____