

State of Nebraska Weatherization Assistance Program

FORM WX20

DEPT. OF ENVIRONMENT AND ENERGY Mobile Home Energy Audit Data Collection

Agency:	AP	□CA	PLSC	□CA	PMN	□CN	ICAP		HFHO		□NENC	CAP	□NWC	AP	□SEN	CA
Client Name:													Job	Numbe	r:	
								-								
Client Address:								Cit	:y:		Zip Code:		Pho	ne Numl	oer:	
Auditor Name:						Audit Dat	te:		County:			Ye	ar Built:	F	Previously We	eatherized:
															/	/
Number of	Numb		Funding Sou	rce:			Ту	pe of Oc	L cupants:			Ownersh	nip:		,	
Occupants:	Bedro	ooms:	DOE [LIHEAP	Other_			Senic	r Dis	abled	Juvenile	□ Owi	ner Renter	Oth	er	
Contact Types:			Name			Туре	Re	lationsh	ip		Phone Numbe	r			Email	
1 Applicant	r															
2 Landlord/Ow	ner 1															
3 Landlord/Ow	ner 2															
4 Other																
							HEALT!	H AND	SAFFT	Y						
Pressure Diagnos	tic Measu	rements:									alata di		A learning and M	Visio e De		
Blower Door Ro									AZ Testing				Aluminum V	-	esent:	
	-		Initials:		Target CFM	1.			erified _		∐No		Yes] No		
			Initials:		-			(I	f no, why):				Location:			
	VVA		IIII(Iais													
Carbon Monoxide	Measure	ments:		СО	Monitor(s) Ne	eeded: [Yes []No S	moke/Fire	Detec	ctor(s) Needed:		Solid Fuel B	urning L	Inits:	
Room with Heatin	g System		ppm	Loca	ation(s):				Yes [No			Solid Fuel B	urning S	tove/Fireplac	e Present
Room with Water	Heater		ppm						ocations:				☐ Yes ☐	No 🔲 I	uel Type	
Living Area			ppm					_ _					Properly Ve	nted 🗌 `	Yes No	
Kitchen			ppm	l				_ _					_ Outside Cor	nbustion	Air Provided	
Other			ppm					_ _					_ Yes 🗆	No		
Additional Healtl	n and Saf	ety Comi														
						EXH.	AUST F	ANS A	ND VE	NTIN	IG					
Location	Exis	sting	Operat	ional	Properly	Vented		Fan CFN	1	Mea	sured Fan Flow		Operable \	Window	LigI	nt
Bath 1	Yes	□No	Yes	□No	Yes	□No							Yes	□No	Yes	□No
Bath 2	Yes	□No	Yes	□No	Yes	□No							Yes	□No	Yes	□No
Bath 3	Yes	□No	Yes	□No	Yes	□No							Yes	□No	Yes	□No
Kitchen	Yes	□No	Yes	□No	Yes	□No							Yes	□No	Yes	□No
Dryer					Yes	□No										
Building Heigh Measured vert of a basement	ical distar			-	st above-grad					e. This	height should incl	ude the a	F bove-grade part			

 ${\bf Additional\ Exhaust\ Fan\ and\ Venting\ Comments:}$

				SH	ELL INF	ORMA	TION				
Shielding	Leakiness	Long Wall Orientation	Shel	II Size	Stud	Size	Wall Ventilation	Insulation Typ	e/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	INFORMA	ATION	(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 Co	mments:						

			WINDOW	S		
Туре	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 Di	rection		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:

			DOOR	S				
Туре	Storm Door	Number	Swing	Lockset	Air Seal	Threshold	Strike	Hinge
H-Core S-Core Insulated Steel Standard Mobile Home Door Single Sliding Glass 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. ¾" 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						1	/	1			
Door 02						1	/	1			
Door 03						1	/	1			
Door 04						/	1	1			

Additional Door Inspection Comments:



Roof Type						CEIL	NG						
Flat	Roof Ty	pe		Roof Color			Existin	g Insulation			Height at C	enter	
Pitched Normal Foom Core		ng				Batts	/Blanket		in		Cathedra	I %	
Column C		.				Loos	e Fill		in				
Recessed Can Lights Present	Pilchec	1		Normai		Foar	n Core		in				
Witing/Electrical issues Yes No Other Concerns Yes	ditional Ceiling Inspe	ection Information	Details:										
Moisture Problems Evident Yes No Other Concerns Yes No FLOORS	Recessed C	an Lights Present	Yes	□No		C	himney/Flue S	hielding Pres	ent	Yes	□No		
FLOORS Floor Joist Direction	Wiring/Elect	rical Issues	Yes	□No		V	/ater Leaks Pre	esent		Yes	□No		
FLOORS Floor Joist Direction Is there a Skirt? Lengthwise Yes No Joist Size (in) Loose insul	Moisture Pro	blems Evident	Yes	□No		C	ther Concerns	;		Yes	□No		
Batt Insulation Location Batt Poor Wing Description Batt Insulation Location 1 Attached to Flooring Belly Configuration Belly Condition Location Locati						EL OC	nRS						
Lengthwise Widthwise Yes No Loose Insul (in) Location Locatio	Floor Joint D	Virgotion	lo ti	oro o Skirt?		1 200		Vina Dogorin	tion			Pott Inquistion	Location
Loose Insul (in) Location L	1		+			1-1-1		ving Descrip	uon		┨		
Belly Configuration Square Good Average State Poor Joist Size (in) Location Joist Size (in) Location Maximum Depth of Belly Cavity: Iditional Floor Inspection Information/Details: Wirring/Electrical Issues Wirring/Electrical Issues Plumbing Leaks Present Yes No Water Leaks Present Yes Water Leaks Present Yes Water Leaks Present Yes Water Leaks Present Water Leaks Present Water Leaks Present Yes No Water Leaks Presen	Lengthwise	vviathwise	Yes	No No		_					-	2 Between Joist	
Source Good						_							
Average Joist Size (in) Location Depth of Belly Cavity: Depth of C		juration	+	y Condition		Locat	on						
Location Depth of Belly Cavity:	quare		Good				Floor Belly	Center Des	cription		↓		
Loose Insul (in) Location Beliy Cavity: Location Location Loca	ounded		Average			Joist 9	Size (in)						
Moisture Problems Evident Yes No Vapor Barrier Needed Yes No Other Concerns Yes No Vapor Barrier Needed Yes No Vapor	lat		Poor			Loose	Insul (in)						
Moisture Problems Evident	ditional Floor Inspec	tion Information/D	etails:			Locat	on						
Plumbing Leaks Present	Wiring/Elect	rical Issues	Yes	□No			Wa	ater Leaks Pre	esent	Yes	□No		
MOBILE HOME ADDITION INFORMATION Wall Configuration Long Wall Orientation Stud Size Wall Ventilation Insulation Type/Thickness Addition Interior Wall Addition 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 Industrion The Same Height Foam Core Iditional Mobile Home Addition Information/Details: Wiring/Electrical Issues Yes No	Moisture Pro	blems Evident	Yes	□No			Va	por Barrier N	eeded	Yes	□No		
MOBILE HOME ADDITION INFORMATION Wall Configuration	Plumbing Le	aks Present	Yes	□No			Ot	her Concerns	;	Yes	□No		
Maximum Wall Height at Interior Wall North/South 2x2 2x4 Vented Batt/Blanket Maximum Height Interior Wall Height at Room Center East/West 2x3 2x6 Not Vented Loose Fill Minimum Height Ill Addition The Same Height Interior Wall Height at Room Center East/West 2x3 2x6 Not Vented Loose Fill Minimum Height Foam Core Interior Wall Height at Interior Wall North/South Assimum Wall Height at Room Center East/West 2x3 2x6 Not Vented Loose Fill Minimum Height Foam Core Interior Wall Height at Interior Wall Maximum Height Minimum Height Loose Fill Minimum Height Minimum Height Addition The Same Height Wall Height Addition Information/Details: Wiring/Electrical Issues Yes No Lead Base Paint Likely Yes No Other Concerns Yes No	Wall Confin				1			1			(This I was	Addition	4
Maximum Wall Height at Room Center East/West 2x3 2x6 Not Vented Loose Fill Minimum Height Foam Core			-	Orientation	-			itilation			INICKNESS		1
Il Addition The Same Height ditional Mobile Home Addition Information/Details: Wiring/Electrical Issues					-	_							
ditional Mobile Home Addition Information/Details: Wiring/Electrical Issues			East/West		2x3	2x6	Not Vented					Minimum Height	
Wiring/Electrical Issues	II Addition The Same F	Height]						Foam C	ore			
Water Leaks Present Yes No Other Concerns Yes No	ditional Mobile Home	Addition Informa	tion/Details:										
	Wiring/Elect	rical Issues	Yes	□No			Le	ad Base Pain	t Likely	Yes	□No		
	Water Leaks	Present	Yes	□No			Ot	her Concerns	;	Yes	□No		
Moisture Problems Evident Yes No		blems Evident	Yes	□No									
ditional Mobile Home Addition Comments:		Addition Comments:											

			MOBILE HOM	E ADDITION WIND	ows		
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	Туре	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 HOM	E ADDITION D	OORS			
Туре	Storm Door	Number	Swing	Lockset	Air Seal	Threshold	Strike	Hinge
1 H-Core 2 NRP 2 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 % Oak 2 1 Oak 3 1 Bumper 4 1x5/8 Bumper 5 ½ Bumper 6 % 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						1	1	1			
Door 02						/	/	1			
Door 03						/	/	1			
Door 04						1	/	1			

Additional Door Inspection Comments:

	MOBI	LE HO	ME ADDI	TION C	EILING						MOBILE	HOME	ADDI	TION FLO	OOR_		
Joist Size		Roof Colo		ing Insula		sulation D	epth	Floo	or Type	Floor L				n Floor Bat		Existing Ins	sulation
	□R	Reflective	□Ba	tts/Blanke	t			Craw	vl Space	Floor	Nidth			hed to Floor	.	Туре	Depth (in)
	□s	haded	Loc	ose Fill		☐ Slab o		on Grade	Jois	t Size		2 Between Joists 3 Attach Under J		st 1B	att/Blanket		
	□N	lormal	□Foa	am Core				□Ехро	osed Floor				4 None		2 L	oose Fill	
Additional Ceil	Additional Ceiling Inspection Information/Details:													3 F	oam Core		
	Recessed Can Lights Present Yes		es	□No		Additio	onal Floor	_ Inspectio	n Informatio	n/Details	:						
	Wiring/Ele	ectrical Iss	sues	ΠY	es] No			Wirir	ng/Electrica	al Issues		Yes	□No			
	Moisture	Problems	Evident	□Y	es] No			Mois	ture Proble	ems Evident		Yes	□No			
	Chimney/	Flue Shiel	ding Present	ΠY	es] No			Plum	bing Leak	s Present		Yes	□No			
	Water Lea	aks Preser	nt	ΠY	es] No			Wate	er Leaks Pr	resent		Yes	□No			
	Other Co	ncerns		ΠY	es] No			Vapo	or Barrier N	leeded		Yes	□No			
Additional Ceil	ing Inspe	ction Con	nments:						Othe	r Concern	S		Yes	□No			
									n Comments								
							JEAT	INC CV	OTEM 5	N==A II 4							
Equipment Type Such				1EAH	ING SY	rsieml	DETAILS	•									
	Equip	ment Type)			Fuel Typ		ING ST	1	JE IAILS uipment L		In	put Hea	ating Units		Cond	ition
1 Gravity Furn. 2 Forced Air Fr 3 Fix. Elec. Re 4 Portable Elec 5 Hot Water Bo	ace urnace sistance ctric	6 Heat 7 V-Sp 8 UnV- 9 V-Wa		er 3 4	Natural G Electricity Wood Kerosene	Fuel Typ			1 Heater 2 Uncon	uipment L	ocation	1 No I 2 kBT 3 Gals 4 Lbs 5 COI	nput U/hr s/hr /hr	ating Units	3	Cond 1 Good 2 Fair 3 Poor (workin 4 Not Working 5 None	g)
2 Forced Air Forced Ai	ace urnace sistance ctric biler	6 Heat 7 V-Sp 8 UnV- 9 V-Wa	Pump ace Heater Space Heate Ill Furnace	er 3 4	Electricity Wood	Fuel Typ	oil Propano Coal	e	1 Heater 2 Uncon 3 Uninte	uipment L d Space d. Space	ocation	1 No I 2 kBT 3 Gals 4 Lbs/ 5 COI	nput U/hr s/hr /hr		3	1 Good 2 Fair 3 Poor (workin 4 Not Working	g)
2 Forced Air Forced Ai	ace urnace sistance ctric biler	6 Heat 7 V-Sp 8 UnV- 9 V-Wa 10 UnV	Pump ace Heater Space Heate III Furnace '-Wall Furnac	2 2 3 4 5e	P. Electricity Wood Kerosene	Fuel Typ	Oil Propand Coal Other	e	1 Heater 2 Uncon 3 Uninte	d Space d. Space ntionally H	ocation	1 No I 2 kBT 3 Gals 4 Lbs/ 5 COI	nput TU/hr s/hr /hr M		3	1 Good 2 Fair 3 Poor (workin 4 Not Working 5 None	g)
2 Forced Air Fr 3 Fix. Elec. Re 4 Portable Elec 5 Hot Water Bo	ace urnace sistance ctric oiler Type	6 Heat 7 V-Sp 8 UnV- 9 V-Wa 10 UnV	Pump ace Heater Space Heate III Furnace '-Wall Furnac	2 2 3 4 5e	P. Electricity Wood Kerosene	Fuel Typ	Oil Propand Coal Other	e	1 Heater 2 Uncon 3 Uninte	d Space d. Space ntionally H	ocation	1 No I 2 kBT 3 Gals 4 Lbs/ 5 COI	nput TU/hr s/hr /hr M		3	1 Good 2 Fair 3 Poor (workin 4 Not Working 5 None	g)
2 Forced Air Fi 3 Fix. Elec. Re 4 Portable Elec 5 Hot Water Bo System Code Htng. Syst. 01	ace urnace sistance ctric biler Type	6 Heat 7 V-Sp 8 UnV- 9 V-Wa 10 UnV	Pump ace Heater Space Heate III Furnace '-Wall Furnac	2 2 3 4 5e	P. Electricity Wood Kerosene	Fuel Typ	Oil Propand Coal Other	e	1 Heater 2 Uncon 3 Uninte	d Space d. Space ntionally H	ocation	1 No I 2 kBT 3 Gals 4 Lbs/ 5 COI	nput TU/hr s/hr /hr M		3	1 Good 2 Fair 3 Poor (workin 4 Not Working 5 None	g)
2 Forced Air Fi 3 Fix. Elec. Re 4 Portable Elec 5 Hot Water Br System Code Htng. Syst. 01 Htng. Syst. 02	ace urnace sistance ctric oiler Type	6 Heat 7 V-Sp 8 UnV- 9 V-Wa 10 UnV	Pump ace Heater Space Heate Ill Furnace '-Wall Furnace % Supply	ce 23 4	R Electricity Wood Kerosene Sq. Ft.	Fuel Typ	Oil Propand Coal Other	e	1 Heater 2 Uncon 3 Uninte	d Space d. Space ntionally H	ocation	1 No I 2 kBT 3 Gals 4 Lbs/ 5 COI	nput TU/hr s/hr /hr M		3	1 Good 2 Fair 3 Poor (workin 4 Not Working 5 None	g)
2 Forced Air F. 3 Fix. Elec. Re 4 Portable Elec 5 Hot Water Bo System Code Htng. Syst. 01 Htng. Syst. 02 Htng. Syst. 03	ace urnace sistance ctric oiller Type	6 Heat 7 V-Sp 8 UnV- 9 V-Wa 10 UnV	Pump ace Heater Space Heate Ill Furnace '-Wall Furnac' % Supply	ce 23 4	R Electricity Wood Kerosene Sq. Ft.	Fuel Typ Factor State S	Oil Propand Coal Other	e	1 Heater 2 Uncon 3 Uninte	d Space d. Space ntionally H	ocation	1 No I 2 kBT 3 Gals 4 Lbs/ 5 COI	nput TU/hr s/hr /hr M		3	1 Good 2 Fair 3 Poor (workin 4 Not Working 5 None	g)
2 Forced Air Fi 3 Fix. Elec. Re 4 Portable Elec 5 Hot Water Bo System Code Htng. Syst. 01 Htng. Syst. 02 Htng. Syst. 03 Additional Hea	ace urnace sistance ctric citie Type tting Syste	6 Heat 7 V-Sp 8 UnV- 9 V-Wa 10 UnV	Pump ace Heater Space Heate Ill Furnace '-Wall Furnac' % Supply	Loc. Loc. Ceiling	R Electricity Wood Kerosene Sq. Ft.	Fuel Typ fias 5 / 6 / 7 / 7 / 8 8 / 8	Oil Propand Coal Other	e	Equ 1 Heate 2 Uncon 3 Uninte	d Space d. Space ntionally H	eated Yr. Purch.	1 No I 2 kBT 3 Gals 4 Lbs/ 5 COI	nput TU/hr s/hr /hr M		3	1 Good 2 Fair 3 Poor (workin 4 Not Working 5 None	g)
2 Forced Air Fi 3 Fix. Elec. Re 4 Portable Elec 5 Hot Water Bo System Code Htng. Syst. 01 Htng. Syst. 02 Htng. Syst. 03 Additional Hea Duct Locatio	ace urnace sistance ctric cities Type ting Systen on Locatic	6 Heat 7 V-Sp 8 UnV- 9 V-Wa 10 UnV Fuel em Inspec	Pump ace Heater Space Heater Ill Furnace '-Wall Furnace '% Supply ction Inform	Loc. Loc. ation/Det Ceiling ct B	R Electricity Wood Kerosene Sq. Ft.	Fuel Typ idas 5 i / 6 7 i 8 8 i Watts	Oil Propand Coal Other Amp	e vos Vo	Equ 1 Heate 2 Uncon 3 Uninte	d Space d. Space ntionally H	eated Yr. Purch.	1 No I 2 kBT 3 Gals 4 Lbs/ 5 COI	input iU/hr s/hr s/hr Whr whenufactu	rer	3	1 Good 2 Fair 3 Poor (workin 4 Not Working 5 None	g)
2 Forced Air Fr 3 Fix. Elec. Re 4 Portable Elec 5 Hot Water Br System Code Htng. Syst. 01 Htng. Syst. 02 Htng. Syst. 03 Additional Hea Duct Locatio Duct Insulation	ace urnace sistance ctric citier Type ting Syste n on Locatic ition	6 Heat 7 V-Sp 8 UnV- 9 V-Wa 10 UnV Fuel em Inspec	Pump ace Heater Space Heater Ill Furnace -Wall Furnace % Supply ction Inform Floor Above Du	Loc. Loc. ation/Det Ceiling ct Beem	R Electricity Wood Kerosene Sq. Ft.	Fuel Typ idas 5 6 7 7 7 8 8 9 Watts Arold Fair	Oil Propand Coal Other Amp	e Vo	Equ 1 Heate 2 Uncon 3 Uninte	uipment L d Space d. Space ntionally H ficiency	eated Yr. Purch.	1 No I 2 kBT 3 Gals 4 Lbs, 5 COI	Input U/hr s/hr s/hr M nufactu	rer	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 Good 2 Fair 3 Poor (workin 4 Not Working 5 None	g)
2 Forced Air Fr 3 Fix. Elec. Re 4 Portable Elec 5 Hot Water Br System Code Htng. Syst. 01 Htng. Syst. 02 Htng. Syst. 03 Additional Hea Duct Locatio Duct Insulation	ace urnace sistance ctric citic coller Type ting System n on Locatio ition	6 Heat 7 V-Sp 8 UnV- 9 V-Wa 10 UnV Fuel em Inspec	Pump ace Heater Space Heater Ill FurnaceWall Furnace ** Supply ction Inform Floor [Above Du Heating Syst	Loc. Loc. Ceiling ct Beemememememememememememememememem	R Electricity Wood Kerosene Sq. Ft. ails: None elow Duct Good	Fuel Typ Gas 5 6 7 7 8 8 Watts Aron Gas 6 7 Fair Gas 7 7	Oil Propand Coal Other Amp	e Vo	Equ 1 Heate 2 Uncon 3 Uninte	uipment L d Space d. Space ntionally H ficiency	Yr. Purch. lation System System	1 No I 2 kBT 3 Gals 4 Lbs, 5 COI	input U/hr s/hr /hr M nufactu	rer Fair Fair	Poor	1 Good 2 Fair 3 Poor (workin 4 Not Working 5 None	g)
2 Forced Air Fr 3 Fix. Elec. Re 4 Portable Elec 5 Hot Water Bo System Code Htng. Syst. 01 Htng. Syst. 02 Htng. Syst. 03 Additional Hea Duct Locatio Duct Insulation Burner Condition	Type Type ting System on Location Switch Conswitch C	6 Heat 7 V-Sp 8 UnV- 9 V-Wa 10 UnV Fuel em Inspec	Pump ace Heater Space Heater Space Heater III Furnace ** Supply ction Inform Floor Above Du Heating Syst Heating Syst	Loc. Loc. Ceiling ct Beemememememememememememememememem	R Electricity Wood Kerosene Sq. Ft. ails: None elow Duct Gooc	Fuel Typ Gas 5 6 7 7 8 8 Watts Aron Gas 6 7 Fair Gas 7 7	Oil Propanic Coal Other Amp	e Vo	Equ 1 Heate 2 Uncon 3 Uninte	d Space d. Space d. Space ritionally H ficiency No Insul Heating \$ Heating \$	Yr. Purch.	1 No I 2 kBT 3 Gals 4 Lbs. 5 COI Man	input U/hr s/hr /hr M nufactu	rer Fair Fair	Poor Poor	1 Good 2 Fair 3 Poor (workin 4 Not Working 5 None	g)
2 Forced Air Fr 3 Fix. Elec. Re 4 Portable Elec 5 Hot Water Bo System Code Htng. Syst. 01 Htng. Syst. 02 Htng. Syst. 03 Additional Hea Duct Locatio Duct Insulation Burner Cond Pilot Condition Elect. Serv. S	Type Type Type Type Third System To Location Thermo.	6 Heat 7 V-Sp 8 UnV-9 V-Wa 10 UnV	Pump ace Heater Space Heater Ill Furnace **Supply ction Inform Floor Above Du Heating Syst Heating Syst Yes	Loc. Loc. ation/Det Ceiling ct Beem em em em	R Electricity Wood Kerosene Sq. Ft. ails: None elow Duct Gooc	Fuel Typ Gas 5 6 7 7 8 8 Watts Aron Gas 6 7 Fair Gas 7 7	Oil Propanic Coal Other Amp	e Vo	Equ 1 Heate: 2 Uncon 3 Uninte	d Space d. Space d. Space ritionally H ficiency No Insul Heating \$ Heating \$	Yr. Purch.	1 No I 2 kBT 3 Gals 4 Lbs. 5 COI Man	input U/hr s/hr /hr M nufactu	rer Fair Fair	Poor Poor	1 Good 2 Fair 3 Poor (workin 4 Not Working 5 None	g)

Additional Heating System Inspection Comments:



	COOLING SYSTEM DETAILS										
			Equipment Type	е			Co	nditio	n		
1 Central Air 2 Window Air 3 Heat Pump 4 Evaporative Coo					orative Coole	r 1 Good	2 Fair	3 Po	or (working)	4 Not Working	
System Code	System Code AC Type Supply Area Cooled Size (kBTU/hr.)				SEER	Yr. Purch.	Manufacturer	Model Number		Se	rial Number
AC. Syst. 01											
AC. Syst. 02											
AC. Syst. 03											

Additional Cooling System Inspection Comments:

AC. Syst. 04

		REFRIGERATOR DETAIL	_S	
Manufacturer	Style	Defrost	Location	Size
	Top Freezer	☐ Automatic	☐ Heated	
	☐ Bottom Freezer	☐ Manual	Unconditioned	
	Side-By-Side	Partial Automatic	Unintentionally Conditioned	
Model Number	☐ Single Door	Other		
	Single Door w/ Freezer			
	Other	_		
Available Space Dimensions	Label/Database Annual Const	ımption	Metered Consumption	
Height (in)	kWh/yr Age	Door Seal Condition	Metering Minutes	Manual Defrost
Width (in)	Less than 5 years	Good	Meter Reading (kWh)	Includes Defrost Cycle
Depth (in)	5 to 9 years	☐ Fair – Some Wear	Temperature (°F)	
	☐ 10-14 years	Poor – Gaps visible		
	☐ 15 + years			
Additional Pofrigorator Inspection C	ommonte:			

	PRESSURE PAN TESTING								
	Duct Pressure Pan Measurem	ents 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					

Additional Pressure Pan Testing Comments:

Before Duct Sealing

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

After Duct Sealing

Average

Supply PA



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

System Code	Fuel Type	Equip. Location	Rated Input	Gallons	Ма	nufacturer	Model N	umber	Serial	Number	Ex. Tank Insulation Type	Ex. Pipe Insulation Type
Wtr. Htr. 01												
Wtr. Htr. 02												
Additional Wate	r Heating Sys	tem Information	on/Details:									
Verified the Ex	kisting Unit is A	pproved for Us	e in Mobile H	omes	Yes	□No						
Water Heater	Condition	Wtr. Htr. 01	Good	Fair	Poor		Wtr. Htr. 02	Good	Fair	Poor		
Burner Condit	ion	Wtr. Htr. 01	Good	Fair	Poor		Wtr. Htr. 02	Good	Fair	Poor		
Leaking Proble	ems Evident	Yes	□No			Drip Leg Present	Yes	□No				
Pipe Insulation	n Required	Yes	□No			Other Concerns	Yes	□No				

Additional Water Heating System Inspection Comments:

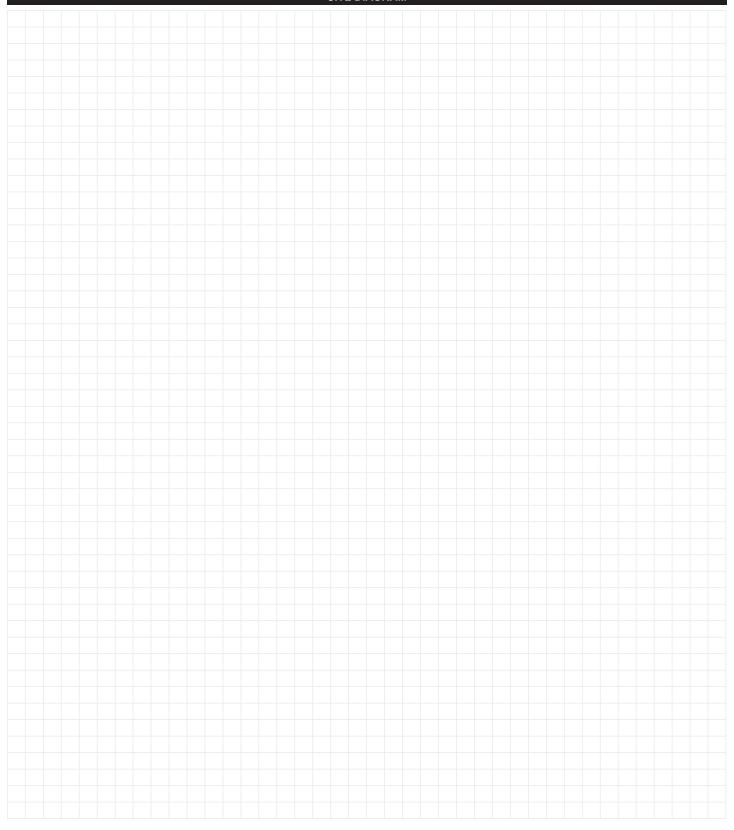
	LIGHTING SYSTEM DETAILS							
	Room		Location	Lamp Type				
1 Family	5 Dining	1 Ceiling	4 Wall	1 Standard				
2 Kitchen	6 Bedroom	2 Floor	5 Closet	2 Floor				
3 Living	7 Bathroom	3 Table	6 Other	3 Other				
4 Rec	8 Utility							

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







WALL ELEVATIONS

ont: Facing	Rear: Fac	ing
ft: Facing		

21-051

Right: Facing_____