

Form A –Single Family Site-Built Priority List Checklist - Region 3

- | | | |
|---|-------------------------------|--------------------------------|
| The home is a single-family residence. | <input type="checkbox"/> True | <input type="checkbox"/> False |
| The home is 3-stories or less above grade. | <input type="checkbox"/> True | <input type="checkbox"/> False |
| The home structure is wood-framed. | <input type="checkbox"/> True | <input type="checkbox"/> False |
| The primary heating system is: | | |
| <u>NOT</u> a natural gas furnace with an original AFUE of 90% or greater. | <input type="checkbox"/> True | <input type="checkbox"/> False |
| <u>NOT</u> a heat pump manufactured after 2006. | <input type="checkbox"/> True | <input type="checkbox"/> False |
| Incidental Repair costs paid for with DOE funds will be less than \$500. | <input type="checkbox"/> True | <input type="checkbox"/> False |

If you answered **FALSE** to any of the above questions, then this property is not eligible for use with this checklist.

If you answered **TRUE** to all the above questions you may continue with the following checklist items.

Client ID/Job Number: _____

Number of bedrooms: _____ Number of occupants: _____

Number of conditioned stories (including conditioned basement, if any): _____

If this includes a conditioned basement, does the basement have a door leading to outside?

- ☐ **Yes.** ☐ **No.** ☐ **No conditioned basement**

Primary heating fuel: _____ Secondary heating fuel: _____

Are there any combustion appliances in the conditioned or unconditioned spaces of the home (this includes any outdoor combustion packaged units)?

- ☐ **Yes.** Total #: _____. Use combustion testing *Form C* or use current Grantee CAZ forms.
 If more than 1 CAZ exists in the home, use multiple Form C to record all necessary results.
- ☐ **No.** Proceed with this checklist. No combustion safety testing is required.

Completed H&S *Form H* to guide the physical safety inspection of the home or use current Grantee H&S inspection form.

Was this form completed? ☐ **Yes**

Required photos of inspection:

- ☐ Complete exterior of all sides of home.
- ☐ Foundation area including measurement of joist depth, insulation depth, and air sealing locations.
- ☐ Attic area including measurement of joist depth, insulation depth, and air sealing locations.
- ☐ Wall cavity visual inspection of cavity depth, insulation depth, and air sealing locations.
- ☐ All accessible ducts outside the thermal boundary including areas to repair, seal, and insulate.
- ☐ All diagnostic testing results (CO, CAZ, SSE, CFM, etc.).
- ☐ Data tags (or lack thereof) for all heating/cooling systems, refrigerators, and water heaters.
- ☐ Flue/chimney for all vented combustion appliances.
- ☐ All H&S related issues.
- ☐ All Incidental Repair Measures (IRM).

1 – Mandatory – Health and Safety Measures: SWS [2](#), [6](#);

Complete all H&S measures as required and detailed on *Form H*.

<u>H&S Measure</u>	<u>Quantity</u>	<u>Location</u>

Additional Comments: _____

2 – Mandatory - LED Lighting: SWS [7.0103.1](#);

Is all screw-based lighting in the home LED? (Consider only lights used a minimum 1 hour per day)

- ☐ **Yes.** Lighting replacement is not required. Skip to Section 3.
- ☐ **No.** Provide detail of type, wattage, number to be replaced and location:

<u>Existing Bulb Type</u>	<u>Wattage</u>	<u>Quantity</u>	<u>Room locations</u>

Additional Comments: _____

3 - Mandatory - Air Sealing: SWS [3.01](#), [3.0202.1](#);

Check the box for each item that applies to this home. Add any necessary details to the comments section below.

- ☐ Attic top-plates;
- ☐ Bypasses, penetrations, and/or holes in the ceiling;
- ☐ Bypasses, penetrations, and/or holes in the walls;
- ☐ Bypasses, penetrations, and/or holes in the floor (unconditioned foundations only);
- ☐ Sill box to floor intersection requires air sealing (unconditioned foundations only);
- ☐ Entire sill box area requires air sealing (conditioned foundations only);
- ☐ Exterior door weatherstripping/sweep;

Locations: _____

- ☐ Attic Access (if access is between conditioned and unconditioned space);

Locations: _____

- ☐ Foundation Access (if access is between conditioned and unconditioned space);

Locations: _____

- ☐ Other: _____

Additional Comments: _____

4 – Mandatory – Duct Sealing: SWS [5.0105](#), [5.0106.1](#);

Are any heating or cooling system ducts located outside the thermal boundary (i.e., in unconditioned space)?

- ☐ **Yes.** Continue with the Duct Sealing Sections 4 and 5.
☐ **No.** Duct sealing is not required. Skip to Section 6.

Duct Repairs: Are there any significant duct failures that need repair prior to sealing and insulating?

- ☐ **Yes.** List Repairs in Table below.
☐ **No.** Continue with the Duct Sealing Section.

<u>Duct Repair Location</u>	<u>Square Ft.</u>	<u>Materials</u>

Duct Sealing: Are all accessible ducts already sealed with mastic?

- ☐ **Yes.** Skip to Section 5.
☐ **No.** Detail sealing below.

Accessible ductwork is in: ☐ an unconditioned attic ☐ an unconditioned subspace

Note location of accessible ductwork not sealed with mastic.

<u>Duct Sealing Locations</u>	<u>Linear Ft.</u>	<u>Materials</u>

Additional Comments: _____

5 – Mandatory - Duct Insulation: SWS [5.0107](#);

Are all accessible ducts outside the thermal boundary already insulated?

- ☐ **Yes.** Additional duct insulation is not required. Skip to Section 6.
☐ **No.** Insulate to R8 (or R12 if exposed to the exterior).

<u>Location for Duct Insulation</u>	<u>Square Ft.</u>	<u>Materials</u>

Additional Comments: _____

6 – Mandatory – Ceiling Insulation: SWS [4.01](#);

What type(s) of attic exist in the home? (Check all that apply)

- ☐ Unconditioned unfloored attic
☐ Unconditioned floored attic (ceiling joist size: 2 x ____)
☐ Unconditioned cathedral or vaulted ceiling (rafter size: 2 x ____)
☐ Finished attic, kneewall attic or bonus room
☐ Other: _____

Are all unconditioned attics insulated to R60 or greater, or to full capacity if less?

- ☐ **Yes.** Additional attic insulation is not required. Continue with the Ceiling Insulation Section.
☐ **No.** Insulate attic(s) to R60 or to full capacity of ceiling, if less.

<u>Unconditioned Attic Type & Access Location</u>	<u>Existing Insulation Depth (inches)</u>	<u>Area to Insulate (ft2)</u>	<u>Insulation Type to Add</u>

Does a finished, conditioned attic exist?

- ☐ **Yes.** ☐ **No.**

If YES, check all that apply:

- ☐ Collar beam is insulated to R60 or is filled to capacity.
☐ Outer Ceiling Joists are insulated to R60 or are filled to capacity.
☐ Enclosed roof rafter slopes are insulated to full capacity.
☐ Kneewalls are insulated.

For any of the above checkbox items that are NOT checked, complete the following table:

<u>Finished Attic Type</u>	<u>Existing Insulation Depth (inches)</u>	<u>Depth Available for New Insulation (inches)</u>	<u>Area to Insulate (ft2)</u>	<u>Insulation Type to Add</u>
Collar Beam				
Enclosed Roof Rafter				
Outer Ceiling Joist				
Kneewall				

Attic prep required before insulating (check all that apply):

- ☐ Air sealing (detail in section 3)
☐ Soffit baffles (quantity needed: ____)
☐ Insulation dams (quantity needed: ____)
☐ Flag utility junctions (quantity needed: ____)
☐ Air seal and insulated attic hatch (number of attic hatches to treat: ____)
☐ Other: _____

Additional Comments: _____

7 – Mandatory - Exterior Wall Insulation: SWS [4.0202.1](#);

Consider all walls that are part of the conditioned boundary, including walls adjacent to buffered spaces. Do all exterior walls (including buffered walls) have existing insulation?

- ☐ **Yes.** Additional wall insulation is not required. Skip to Section 8.
- ☐ **No.** Dense pack all uninsulated exterior walls to full capacity.

<u>Uninsulated Wall Location</u>	<u>Gross Area to Insulate (ft2)</u>	<u>Wall Cavity Depth (inch)</u>	<u>Insulation Type to Add</u>

OPTIONAL: Are there any partially insulated exterior wall cavities (e.g., 3.5” cavity with 2” of existing batt)?

- ☐ **Yes.** Dense pack all uninsulated exterior walls to full capacity. (This step is not mandatory).
- ☐ **No.** Additional wall insulation is not required. Skip to Section 8.

<u>Uninsulated Wall Location</u>	<u>Gross Area to Insulate (ft2)</u>	<u>Available Cavity Depth (inch)</u>	<u>Insulation Type to Add</u>

Wall prep required before insulating; check all that apply:

- ☐ Lead-safe work practices
- ☐ Repairs. Describe: _____
- ☐ Insulation must be installed from inside the home
- ☐ Other: _____

Additional Comments: _____

8 – Mandatory – Floor Insulation:

Check all that apply:

- Foundation spaces are: ☐ Conditioned. Complete sub-section (A) of this page.
☐ Unconditioned and/or vented. Complete sub-section (B) of this page.
☐ Slab. Floor insulation is not required. Skip to Section 9.

(A) Conditioned Foundations: SWS [4.0401](#), [4.0402](#)**Mandatory:** Are all accessible rim/band joists (sill boxes) insulated to R30 or to capacity, if less?

- ☐ **Yes.** Rim/band joist insulation is not required. Skip to Section 8(b).
☐ **No.** Insulation is required. Complete the following table.

<u>Foundation Access Location</u>	<u>Sill Box Height (inches)</u>	<u>Perimeter to Insulate (feet)</u>	<u>R-Value to Add</u>	<u>Insulation Type to Add</u>

- Optional:** Above-grade foundation walls have: ☐ Cavity insulation of R19, or to capacity, if less.
☐ Continuous insulation of R15 or more.

If **NEITHER** of the above boxes are checked, then foundation wall insulation is an allowable measure.

Complete the following table if this measure is to be performed.

<u>Foundation Access Location</u>	<u>Above-Ground Wall Height (feet)</u>	<u>Perimeter to Insulate (feet)</u>	<u>R-Value to Add</u>	<u>Insulation Type to Add</u>

(B) Unconditioned or Vented Foundations: SWS [4.03](#);

Are any floors of the conditioned home uninsulated and adjacent to accessible unconditioned foundation spaces?

- ☐ **Yes.** Insulate all uninsulated floors adjacent to heated space to R30 or to full joist capacity, if less.
Exception: No insulation is required for crawlspace heights below 2 feet: Average Height: _____ feet
☐ **No.** Floor insulation is not required. Skip to Section 9.

<u>Uninsulated Floor Location</u>	<u>Gross Area to Insulate (ft2)</u>	<u>Available Cavity Depth (inch)</u>	<u>Insulation Type to Add</u>

Do any foundation spaces to which insulation was added have an exposed dirt floor?

- ☐ **Yes.** Install complete ground moisture barrier over any exposed dirt floor in spaces where insulation was added. SWS [2.0202](#);
☐ **No.** Ground moisture barrier is not required. Skip to Section 9.

Additional Comments: _____

9 – Optional - General Heat Waste Reduction: Limited to \$250 maximum per home.

- ☐ Install faucet aerators (≤ 2.2 GPM). SWS [7.0201.1](#);

Total number of aerators to install: _____

Install in: ☐ Kitchen ☐ Bath 1 ☐ Bath 2 ☐ Bath 3

- ☐ Install low-flow showerheads (≤ 2.5 GPM). SWS [7.0201.1](#);

Total number of showerheads to install: _____

Install in: ☐ Bath 1 ☐ Bath 2 ☐ Bath 3

- ☐ Water heater tank insulation (R-10 minimum). SWS [7.0301.2](#);

Total number of water heaters to insulate: _____

- ☐ Water heater pipe wrap (Insulate the 6' of cold-water nearest the DWH and any/all accessible hot water line to a minimum of R3). SWS [7.0301.1](#);

Total linear feet of pipes to wrap: _____

Additional Comments: _____

10 – Optional - Refrigerator: SWS [7.0101.1](#);

Was the refrigerator manufactured prior to 2001, or can be shown to use >1000 kWh/yr based upon energy use metering or an industry-accepted resource?

- ☐ **Yes.** Replacement of one (1) fridge is allowed. Replacement refrigerator must be rated to use 400 kWh/yr. or less and cost no more than \$850 (price includes all materials, labor and safe disposal of old fridge).
- ☐ **No.** Refrigerator replacement is not allowed. Skip to Section 11.

Refrigerator Brand and Model: _____

Refrigerator Size (cu ft): _____

Refrigerator Year of Manufacture: _____

If Year of Manufacture is newer than 2001:

- ☐ Refrigerator was metered (Result: _____ kWh/yr)
- ☐ Refrigerator usage was derived from an industry-accepted resource (Result: _____ kWh/yr)

Additional Comments: _____

11 – Optional - Primary Heating and Air-Conditioning System Replacements: SWS [5.0108](#); [5.0101.1](#)

Choose the appropriate selection (consider only the primary systems).

- ☐ Existing ducted electric resistance forced air furnace and central air conditioner combination
Replace with heat pump (minimum 8.5 HSPF2 & COP @5°F >1.75 (at maximum capacity operation) and must include an EC air handler motor and programmable thermostat)
Capacity to Install: _____ KBTU
- ☐ Existing non-ducted fixed electric resistance heat and non-ducted air conditioning
Replace with mini-split heat pump (minimum 10 HSPF2 & COP @5°F >1.75 (at maximum capacity operation) and must include a programmable thermostat)
Capacity to Install: _____ KBTU
Number of Interior Heads to Install: _____
- ☐ Existing ducted heat pump manufactured before **2006**
Replace with heat pump (minimum 8.5 HSPF2 & COP @5°F >1.75 (at maximum capacity operation) and must include an EC air handler motor and programmable thermostat)
Capacity to Install: _____ KBTU
- ☐ Existing window air conditioner (WAC) unit(s) manufactured prior to **2014**
Replace with *minimum 12 CEER* unit(s) of the same or lesser BTU capacity.
Total number of WAC to install: _____
Capacity of each unit: _____ KBTU
- ☐ Existing system does not match any of the above descriptions
If the home has any other existing combination of heating/cooling systems other than as described above, then an energy model may be run that assumes items 1-8 have been completed and determine if an alternative heating/cooling system replacement is cost effective for this specific home.

Additional Comments: _____

Auditor (printed name): _____ Auditor signature: _____