

Form A – Manufactured Home Priority List Checklist - Region 3

The home is a single-wide or double-wide manufactured home.	<input type="checkbox"/> True	<input type="checkbox"/> False
The home was manufactured before 2010.	<input type="checkbox"/> True	<input type="checkbox"/> False
The home has an accessible unconditioned subspace.	<input type="checkbox"/> True	<input type="checkbox"/> False
The home does <u>NOT</u> have an attached conditioned addition.	<input type="checkbox"/> True	<input type="checkbox"/> False
The primary heating system is <u>NOT</u> a natural gas furnace originally rated for $\geq 80\%$ AFUE.	<input type="checkbox"/> True	<input type="checkbox"/> False
Incidental Repair cost 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 questions you may continue with the following checklist items.

Client ID/Job Number: _____

Number of bedrooms: _____ Number of occupants: _____ Wall Height: _____ ft

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.

☐ **No.** Proceed with this checklist. No combustion safety testing is required.

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

Completed? ☐ **Yes**

Required photos of inspection:

- ☐ Complete exterior of all sides of dwelling.
- ☐ Foundation area including measurement of insulation depth (if possible).
- ☐ Attic area (if accessible)
- ☐ Measurement of wall thickness, and air sealing locations in the walls.
- ☐ All accessible ducts including areas to repair and seal.
- ☐ All diagnostic testing results (CO, CAZ, SSE, CFM, etc.).
- ☐ Data tags (or lack thereof) for all heating/cooling systems, refrigerators, and water heaters.
- ☐ Manufacturer's data tag for the mobile home (if possible)
- ☐ 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* for the home.

<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.

- ☐ Bypasses, penetrations, and/or holes in the ceiling;
- ☐ Bypasses, penetrations, and/or holes in the walls;
- ☐ Bypasses, penetrations, and/or holes in the floor;
- ☐ Exterior door weatherstripping/sweep;

Locations: _____

- ☐ Other: _____

Additional Comments: _____

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

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

- ☐ **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 the following already sealed with mastic?

- Duct end caps ☐ **Yes** ☐ **No**
- Crossover ducts ☐ **Yes** ☐ **No**
- Duct boots ☐ **Yes** ☐ **No**
- Furnace connections ☐ **Yes** ☐ **No**

Note location of ductwork not sealed with mastic. If all are already sealed with Mastic then skip to [Section 5](#).

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

Additional Comments: _____

5 – Mandatory – Ceiling Insulation: SWS [4.0103](#);

Is the ceiling space (both flat and vaulted ceilings) insulated to minimum R60 or filled to capacity?

- ☐ **Yes.** Additional ceiling insulation is not required. Skip to Section 6.
☐ **No.** Insulate ceiling with blown insulation to R60 or to capacity, whichever is less.

Existing insulation depth: _____ inches

Existing insulation type: _____

Maximum available height for added insulation: _____ inches

Area to insulate: _____ ft²

Insulation type to add: _____

Insulation to be added ☐ to achieve R60

OR ☐ to capacity.

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

- ☐ Air sealing (detail in section 3)
☐ Insulation dams around flue pipe/chimney (quantity needed: _____)
☐ Other: _____

Additional Comments: _____

6 – Mandatory – Floor/Belly Insulation: SWS [4.0302.9](#);

Is the belly cavity filled to capacity with insulation?

- ☐ **Yes.** No new insulation is required. Skip to Section 7.
☐ **No.** Install new blown insulation filled to capacity and to proper density (1.25-1.75 lbs./ft³)

Area to insulate: _____ ft²

Existing insulation depth: _____ inches

Maximum available depth to insulate: _____ inches

Are repairs needed before insulation can be added?

- ☐ **Yes.**
 Area of belly board that must be repaired or replaced: _____ ft²

Other repairs: _____

- ☐ **No.**

Additional Comments: _____

7 – Mandatory – Window Replacement: SWS [3.0201.9](#)

Are any windows single-paned and metal framed, without storm windows?

- ☐ **Yes.** Replace eligible windows with Low-E double-paned windows having a U-value of 0.33 or less.
☐ **No.** Window replacement is not an allowable measure. Skip to Section 8.

Window Quantity	Window Size (inch x inch)	Replacement window frame type	Replacement window U-Value

Additional Comments: _____

8 – 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: _____

9 – 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 10.

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: _____

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

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

- ☐ 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 the above description
 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 1-5 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: _____