



Sample Home Energy Audit Field Checklist

Date of Field visit: _____

Reason for audit: _____

Client Name/Address:

Mail to Address:

Phone #: _____

Phone #: _____

Customer Concerns and Questions

1. _____
2. _____
3. _____
4. _____
5. _____

Building Information:

New Construction: Yes No Year Built: _____ Builder: _____
Full-time Home: Yes No Buy/Sell: Yes No Green Builder: Yes No
ENERGY STAR®: Yes No Code Compliance: Yes No
Occupants #: _____ Bedrooms #: _____

Thermostat:

Wake Up: _____ Day: _____ Evening: _____ Night: _____ Set Back: Yes No
Elec Utility: _____ Acct#: _____ 12 Month Use: _____ 12 Month \$: _____
Gas Utility: _____ Acct#: _____ 12 Month Use: _____ 12 Month \$: _____
Dryer: Gas Elec P-pane Kitchen Stove: Gas Elec P-pane Fridge: Elec P-pane
Portable heater: Elec Kerosene Plug Load: Low Avg. High
Wood/coal heater: Not Used Little Secondary Primary

Crawl Space: Vented: Yes No #: _____ Vapor Barrier: Yes No
Avg. Wall Height: _____ Rim: Insulation Type / R-value: _____ Perimeter: _____
Walls Insulation: Type / R-value: _____
Ceiling Insulation: Type / R-value: _____

Basement: Thickness of concrete: _____
Conditioned Space: Yes No Rim: Insulation Type / R-value: _____
Finished Space: Insulation Type / R-value: _____
Unfinished Space: Wall Ceiling Insulation Type / R-value: _____
Slab Edge: Insulation Type / R-value: _____



Sample Home Energy Audit Field Checklist

Slab Floor: Insulation Type / R-value: _____

Exterior Walls: Siding: _____

WallType: _____ Insulation Type / R-value: _____

WallType: _____ Insulation Type / R-value: _____

WallType: _____ Insulation Type / R-value: _____

WallType: _____ Insulation Type / R-value: _____

Foam Sheathing: Yes No Type: _____ R-Value: _____

Cantilevers: R-value: _____ Passive Solar Mass sqft: Yes No

Attics/Ceilings:

Flat Attics 1: Ceiling Roof Line Insulation Type / R-value: _____

Flat Attics 2: Ceiling Roof Line Insulation Type / R-value: _____

Flat Attics 3: Ceiling Roof Line Insulation Type / R-value: _____

Roof Color: _____

Vaulted Attics:

Vaulted Attics:/ R-value: _____ Facing: _____ Slope: F Sh M St

Vaulted Attics:/ R-value: _____ Facing: _____ Slope: F Sh M St

Vaulted Attics:/ R-value: _____ Facing: _____ Slope: F Sh M St

Unconditioned Spaces: Attached Garage: Yes No

Garage Ceiling:

Bordering Conditioned Space: Insulation Type / R-value: _____

Insulated Garage Ceiling: Insulation Type / R-value: _____

Garage Walls:

Common: Insulation Type / R-value: _____

Exterior: Insulation Type / R-value: _____

Other Unconditioned Space: _____

Ceilings:

Bordering Conditioned Space: Insulation Type / R-value: _____

As Is Ceiling: Insulation Type / R-value: _____

Walls:

Common: Insulation Type / R-value: _____

Exterior: Insulation Type / R-value: _____

Sun Space: Yes No Ventilated: Yes No Mass: Yes No

Common Wall: Insulation Type / R-value: _____

Exterior wall: Insulation Type / R-value: _____

Roof Pitch: F Sh M St



Sample Home Energy Audit Field Checklist

Hot Water Heater:

Low Flow Shower or Faucet Restrictors: _____ DHW Temp setting: _____
 Location: _____ Fuel: _____ Age: _____ Gallons: _____ EF / COP: _____
 Name: _____ M#: _____ S#: _____ BTU: _____
 Location: _____ Fuel: _____ Age: _____ Gallons: _____ EF / COP: _____
 Name: _____ M#: _____ S#: _____ BTU: _____
 Tank Wrapped: Yes No Insulated pipes: Yes No 30 Gallon or less: Yes No
 Side Arm Tank: Yes No Heat Trap: Yes No Constant Circulation: Yes No

Furnace / Boiler :

AFUE / HSPF / COP: _____

Location: _____ Distribution: _____
 Fuel: _____ Age: _____
 Name: _____ M#: _____ S#: _____ BTU: _____
 Peak 5 Min. Temp: _____ Fan Off Temp: _____ 10 Min. Peak: _____

AFUE / HSPF / COP: _____

Location: _____ Distribution: _____
 Fuel: _____ Age: _____
 Name: _____ M#: _____ S#: _____ BTU: _____
 Peak 5 Min. Temp: _____ Fan Off Temp: _____ 10 Min. Peak: _____

Electronic Ignition: Yes No High Efficiency (PVC): Yes No Zones: _____
 _____ Constant Temp Control: Yes No Vent Damper: Yes No
 Special Controls: _____

Distribution:

Ductwork:

	Slab	Crawl	Unheated Basement	Garage	Exterior Wall	Attic	Conditioned Space
% Location							
Tightness							
Insulation							

Hot Water Pipes (not DHW):

	Slab	Crawl	Unheated Basement	Garage	Conditioned Space
% Location					
Insulation					

Cooling: Central Window Evap. Age: _____



Sample Home Energy Audit Field Checklist

Clearance around unit less than 1': Yes No AC coil in attic: Yes
No

Name: _____ M#: _____ S#: _____ BTU:

_____ Name: _____ M#: _____ S#: _____

_____ BTU: _____



Sample Home Energy Audit Field Checklist

Lighting:

Room	Fixture Type	CFL or Dimmer?	Hours on per week	Wattage	Recommendation

Appliances:

Location	Type	ENERGY STAR?	Year Manufactured	Recommendation

Existing Solar: Yes No Type: Water Air
 Collector sqft: _____ Slope: _____ Summer
 Exp: _____
 Tank Gallons: _____ Certification: _____ Winter
 Epx: _____

Existing PV:
 Array Rated power Peak: _____ Slope: _____ Summer Exp: _____
 Winter Exp: _____
 Stand Alone Grid Connected Batteries Back up Generator

Notes / Recommendations:



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