

Energy Audit Form



Name: _____

Address: _____

City: _____

Thermostat Settings: Day____ Night____

Furnace:

Type: Natural Gas____; Propane____; Electric____; Wood____

Condition: Good____; Fair____; Poor____

Age: ____years

Water Heater:

Type: Natural Gas____; Propane____; Electric____; Wood____

Water Temperature: ____Degrees F.

Condition: Good____; Fair____; Poor____

Insulated? Yes____; No____

Age: __Years

Air Conditioner:

Type: Window____; Central____; None____

Condition: Good____; Fair____; Poor____

Age: __Years

Age of Home: _Years

Quality of Construction: Extremely tight____; Above Average____; Loose____; Very Loose____

Description of the house:

Is the house? One story____;Two Story____; Other____

Construction:

Frame over unheated crawl space____; frame over unheated basement____; frame over heated basement____; frame slab____; below ground____

Area of the walls (square feet):

North Wall _____Square Feet (excluding windows)

East Wall _____Square Feet (excluding windows)

South Wall _____Square Feet (excluding windows)

West Wall _____Square Feet (excluding windows)

Square feet of windows:

North wall _____Square Feet

East wall _____Square Feet

South Wall _____Square Feet

West Wall _____Square Feet

Are the windows?

Single pane____; Double pane ____;Single pane with storm windows____;
Triple pane ____; Other

Door Type:

Regular door, no storm door____; Regular door with storm door____;

Insulated door____

Square feet of floor space on main living area _____square feet

Square feet of attic space _____square feet

If basement or crawl space, is some of the concrete exposed? How many square feet? ____; Is it insulated? Yes____; No ____

Estimate of the "R" Value of insulation:

Ceiling ____ Walls ____ Under the floor ____

Inside crawl space or exposed basement wall ____

Indicate what appliances are in the home:

Dishwasher ____ (does it heat water? Yes____; No____)

Televisions (number ____)

Computers (number ____) Are they on constantly? Yes____; No____

Refrigerators ____ Type:

Freezers____ Type:

Clothes washer____

Clothes dryer ____

Other appliances: (please list)

Describe the family:

Number of adults ____

Number of children ____

Describe the activity level of the family:

Seated or resting most of the time ____

Light moderate work ____

Moderate work ____

Heavy work ____