

Form A – Manufactured Home Priority List Checklist - Region 1

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|---|-------------------------------|--------------------------------|
| 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).

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) filled to capacity with blown insulation?

- Yes.** Additional ceiling insulation is not required. Skip to Section 6.
- No.** Insulate ceiling to capacity.

Existing insulation depth: _____ inches

Existing insulation type: _____

Maximum available height for added insulation: _____ inches

Area to insulate: _____ ft²

Insulation type to add: _____

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 – Optional – Window Replacement: SWS [3.0201.9](#); [Propane or oil-fired heat only]

Is propane or oil the primary heating fuel in this home?

- Yes.** Continue with the Window Replacement section.
- No.** Window replacement is not an allowable measure. Skip to Section 7.

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 7.

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

Additional Comments: _____

7 – 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: _____

8 – 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 9.

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: _____

9 – 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: _____