

**Form A – Manufactured Home Priority List Checklist - Region 2**

- |   |                               |                                |
|---|-------------------------------|--------------------------------|
| 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&amp;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       | <input type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> |
| • Crossover ducts     | <input type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> |
| • Duct boots          | <input type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> |
| • Furnace connections | <input type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> |

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: \_\_\_\_\_ ft<sup>2</sup>

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 – 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 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 ( $\leq 2.2$  GPM). SWS [7.0201.1](#);

Total number of aerators to install: \_\_\_\_\_

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

- ☐ Install low-flow showerheads ( $\leq 2.5$  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: \_\_\_\_\_