

## Form A –Single Family Site-Built Priority List Checklist - Region 2

- |   |                               |                                |
|---|-------------------------------|--------------------------------|
| The home is a single-family residence.                                    | <input type="checkbox"/> True | <input type="checkbox"/> False |
| The home is 3-stories or less above grade.                                | <input type="checkbox"/> True | <input type="checkbox"/> False |
| The home structure is wood-framed.  | <input type="checkbox"/> True | <input type="checkbox"/> False |
| The primary heating system is:  |                               |                                |
| <u>NOT</u> a natural gas furnace with an original AFUE of 90% or greater. | <input type="checkbox"/> True | <input type="checkbox"/> False |
| <u>NOT</u> a heat pump manufactured after 2006.                           | <input type="checkbox"/> True | <input type="checkbox"/> False |
| Incidental Repair costs 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 the above questions you may continue with the following checklist items.

Client ID/Job Number: \_\_\_\_\_

Number of bedrooms: \_\_\_\_\_ Number of occupants: \_\_\_\_\_

Number of conditioned stories (including conditioned basement, if any): \_\_\_\_\_

If this includes a conditioned basement, does the basement have a door leading to outside?

- Yes.**     
  **No.**     
  **No conditioned basement**

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.  
 If more than 1 CAZ exists in the home, use multiple Form C to record all necessary results.
- No.** Proceed with this checklist. No combustion safety testing is required.

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

Was this form completed?  **Yes**

Required photos of inspection:

- Complete exterior of all sides of home.
- Foundation area including measurement of joist depth, insulation depth, and air sealing locations.
- Attic area including measurement of joist depth, insulation depth, and air sealing locations.
- Wall cavity visual inspection of cavity depth, insulation depth, and air sealing locations.
- All accessible ducts outside the thermal boundary including areas to repair, seal, and insulate.
- All diagnostic testing results (CO, CAZ, SSE, CFM, etc.).
- Data tags (or lack thereof) for all heating/cooling systems, refrigerators, and water heaters.
- 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*.

<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.

- Attic top-plates;
- Bypasses, penetrations, and/or holes in the ceiling;
- Bypasses, penetrations, and/or holes in the walls;
- Bypasses, penetrations, and/or holes in the floor (unconditioned foundations only);
- Sill box to floor intersection requires air sealing (unconditioned foundations only);
- Entire sill box area requires air sealing (conditioned foundations only);
- Exterior door weatherstripping/sweep;

Locations: \_\_\_\_\_

- Attic Access (if access is between conditioned and unconditioned space);

Locations: \_\_\_\_\_

- Foundation Access (if access is between conditioned and unconditioned space);

Locations: \_\_\_\_\_

- Other: \_\_\_\_\_

Additional Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Are any heating or cooling system ducts located outside the thermal boundary (i.e., in unconditioned space)?

- Yes.** Continue with the Duct Sealing Sections 4 and 5.
- No.** Duct sealing is not required. Skip to Section 6.

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

- 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 all accessible ducts already sealed with mastic?

- Yes.** Skip to Section 5.
- No.** Detail sealing below.

Accessible ductwork is in:     an unconditioned attic     an unconditioned subspace

Note location of accessible ductwork not sealed with mastic.

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

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5 – Mandatory - Duct Insulation:** SWS [5.0107](#);

Are all accessible ducts outside the thermal boundary already insulated?

- Yes.** Additional duct insulation is not required. Skip to Section 6.
- No.** Insulate to R8 (or R12 if exposed to the exterior).

<u>Location for Duct Insulation</u>	<u>Square Ft.</u>	<u>Materials</u>

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_

**6 – Mandatory – Ceiling Insulation:** SWS [4.01](#);

What type(s) of attic exist in the home? (Check all that apply)

- Unconditioned unfloored attic
- Unconditioned floored attic (ceiling joist size: 2 x \_\_\_\_)
- Unconditioned cathedral or vaulted ceiling (rafter size: 2 x \_\_\_\_)
- Finished attic, kneewall attic or bonus room
- Other: \_\_\_\_\_

Are all unconditioned attics insulated to R49 or greater, or to full capacity if less?

- Yes.** Additional attic insulation is not required. Continue with the Ceiling Insulation Section.
- No.** Insulate attic(s) to R49 or to full capacity of ceiling, if less.

<u>Unconditioned Attic Type &amp; Access Location</u>	<u>Existing Insulation Depth (inches)</u>	<u>Area to Insulate (ft2)</u>	<u>Insulation Type to Add</u>

Does a finished, conditioned attic exist?  **Yes.**  **No.**

If YES, check all that apply:

- Collar beam is insulated to R49 or is filled to capacity.
- Outer Ceiling Joists are insulated to R49 or are filled to capacity.
- Enclosed roof rafter slopes are insulated to full capacity.
- Kneewalls are insulated.

For any of the above checkbox items that are NOT checked, complete the following table:

<u>Finished Attic Type</u>	<u>Existing Insulation Depth (inches)</u>	<u>Depth Available for New Insulation (inches)</u>	<u>Area to Insulate (ft2)</u>	<u>Insulation Type to Add</u>
Collar Beam				
Enclosed Roof Rafter				
Outer Ceiling Joist				
Kneewall				

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

- Air sealing (detail in section 3)
- Soffit baffles (quantity needed: \_\_\_\_\_)
- Insulation dams (quantity needed: \_\_\_\_\_)
- Flag utility junctions (quantity needed: \_\_\_\_\_)
- Air seal and insulated attic hatch (number of attic hatches to treat: \_\_\_\_\_)
- Other: \_\_\_\_\_

Additional Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**7 – Mandatory - Exterior Wall Insulation:** SWS [4.0202.1](#);

Consider all walls that are part of the conditioned boundary, including walls adjacent to buffered spaces. Do all exterior walls (including buffered walls) have existing insulation?

- Yes.** Additional wall insulation is not required. Skip to Section 8.
- No.** Dense pack all uninsulated exterior walls to full capacity.

<u>Uninsulated Wall Location</u>	<u>Gross Area to Insulate (ft2)</u>	<u>Wall Cavity Depth (inch)</u>	<u>Insulation Type to Add</u>

**OPTIONAL:** Are there any partially insulated exterior wall cavities (e.g., 3.5” cavity with 2” of existing batt)?

- Yes.** Dense pack all uninsulated exterior walls to full capacity. (This step is not mandatory).
- No.** Additional wall insulation is not required. Skip to Section 8.

<u>Uninsulated Wall Location</u>	<u>Gross Area to Insulate (ft2)</u>	<u>Available Cavity Depth (inch)</u>	<u>Insulation Type to Add</u>

Wall prep required before insulating; check all that apply:

- Lead-safe work practices
- Repairs. Describe: \_\_\_\_\_
- Insulation must be installed from inside the home
- Other: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**8 – Mandatory – Floor Insulation:** SWS [4.03](#);

Are any floors of the conditioned areas of the home both uninsulated and adjacent to unconditioned foundation spaces?

- Yes.** Insulate all uninsulated floors adjacent to heated space to R30 or to full joist capacity, if less.  
 Exception: No insulation is required for crawlspace heights below 2 feet: Average Height: \_\_\_\_\_ feet
- No.** Floor insulation is not required. Skip to Section 9.

<u>Uninsulated Floor Location</u>	<u>Gross Area to Insulate (ft2)</u>	<u>Available Cavity Depth (inch)</u>	<u>Insulation Type to Add</u>

Do any foundation spaces to which insulation was added have an exposed dirt floor?

- Yes.** Install complete ground moisture barrier over any exposed dirt floor in spaces where insulation was added. SWS [2.0202](#);
- No.** Ground moisture barrier is not required. Skip to Section 9.

Additional Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**9 – 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**10 – 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 11.

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

Existing ducted electric resistance forced air furnace and central air conditioner combination  
 Replace with heat pump (*minimum 15 SEER, 8.2 HSPF, with an EC air handler motor*)  
 Capacity to Install: \_\_\_\_\_ KBTU

Existing non-ducted fixed electric resistance heat and non-ducted air conditioning  
 Replace with mini-split heat pump (*minimum 19 SEER, 10 HSPF*)  
 Capacity to Install: \_\_\_\_\_ KBTU  
 Number of Interior Heads to Install: \_\_\_\_\_

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 any of the above descriptions  
 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 1-8 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: \_\_\_\_\_