Form A –Single Family Site-Built Priority List Checklist - Region 3

The home is a single-family residence.	☐ **True**	☐ **False**
The home is 3-stories or less above grade.	☐ **True**	☐ **False**
The home structure is wood-framed.	☐ **True**	☐ **False**
The primary heating system is:		
NOT a natural gas furnace with an original AFUE of 90% or greater.	☐ **True**	☐ **False**
NOT a heat pump manufactured after 2006.	☐ **True**	☐ **False**
Incidental Repair costs paid for with DOE funds will be less than $500.	☐ **True**	☐ **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*.

H&S Measure	Quantity	Location

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:

Existing Bulb Type	Wattage	Quantity	Room locations

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.

Duct Repair Location	Square Ft.	Materials

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.

Duct Sealing Locations	Linear Ft.	Materials

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).

Location for Duct Insulation	Square Ft.	Materials

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 R60 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 R60 or to full capacity of ceiling, if less.

Unconditioned Attic Type & Access Location	Existing Insulation Depth (inches)	Area to Insulate (ft2)	Insulation Type to Add

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

If YES, check all that apply:

- ☐ Collar beam is insulated to R60 or is filled to capacity.
- ☐ Outer Ceiling Joists are insulated to R60 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:

Finished Attic Type	Existing Insulation Depth (inches)	Depth Available for New Insulation (inches)	Area to Insulate (ft2)	Insulation Type to Add
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.

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

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.

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

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:

Check all that apply:

Foundation spaces are:
- ☐ Conditioned. Complete sub-section (A) of this page.
- ☐ Unconditioned and/or vented. Complete sub-section (B) of this page.
- ☐ Slab. Floor insulation is not required. Skip to Section 9.

(A) Conditioned Foundations: SWS 4.0401, 4.0402

Mandatory: Are all accessible rim/band joists (sill boxes) insulated to R30 or to capacity, if less?
- ☐ **Yes**. Rim/band joist insulation is not required. Skip to Section 8(b).
- ☐ **No**. Insulation is required. Complete the following table.

Foundation Access Location	Sill Box Height (inches)	Perimeter to Insulate (feet)	R-Value to Add	Insulation Type to Add

Optional: Above-grade foundation walls have:
- ☐ Cavity insulation of R19, or to capacity, if less.
- ☐ Continuous insulation of R15 or more.

If NEITHER of the above boxes are checked, then foundation wall insulation is an allowable measure.

Complete the following table if this measure is to be performed.

Foundation Access Location	Above-Ground Wall Height (feet)	Perimeter to Insulate (feet)	R-Value to Add	Insulation Type to Add

(B) Unconditioned or Vented Foundations: SWS 4.03;

Are any floors of the conditioned home uninsulated and adjacent to accessible 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.

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

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 (≤ 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: _____
_____
_____
_____

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 ducted heat pump manufactured before 2006
Replace with heat pump (*minimum 10 HSPF, COP* @5°F >1.75, with an EC air handler motor)
Capacity to Install: _____ KBTU

☐ 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:_____