Energy Audit Worksheet

<u>Insulation</u>		Equipment/General
Ceiling: \square Y \square N Amount:		Thermostat Setting: Day°F Night°F
Wall: □ Y □ N Amount:		Water Heater Type: □ Gas □ Propane □ Electric
Rim Joist: $\square Y \square N$		Temperature Setting:°F
Foundation: □ Y □ N		Furnace Type: □ Gas □ Propane □ Electric
Water Heater: \square Y \square N		Condition: □ Good □ Fair □ Poor Age: yrs.
Water Pipe: □ Y □ N Linear Feet:		Air Conditioner Type: \square Window \square Central \square None
Other		Condition: \square Good \square Fair \square Poor Age: yrs.
Air Infiltration		Lighting
Windows		Incandescent: \square Y \square N Number: Hours on:
	Number Panes:	Fluorescent: \square Y \square N Number: Hours on:
	Storms: $\square Y \square N$	Other: \square Y \square N Number: Hours on:
	Caulking: \square Good \square Fair \square Poor \square None	Other Equipment
	Weather Strip: \square Good \square Fair \square Poor \square None	Comments/To Do
Doors	Seal: □ Good □ Fair □ Poor □ None	
	Caulking: □ Good □ Fair □ Poor □ None	
	Weather Strip: \square Good \square Fair \square Poor \square None	
	Threshold: □ Good □ Fair □ Poor □ None	
Foundation		
	Condition: □ Good □ Fair □ Poor □ None	
	Penetrations/Holes: □ Y □ N	
Floor/Crawl Space		
	Insulation: □ Y □ N Amount:	
Heat/Cool Ducts in Unconditioned Space		
Insulation: $\square Y \square N$ Amount:		