


CSD Dwelling Assessment Form

Section 1: Client/Dwelling Information

Client Name:		Client is: <input type="checkbox"/> Owner <input type="checkbox"/> Renter	Job Number:
Address:			
City:		Zip:	
Phone1: () <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		Phone2: () <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	
Email:			
Dwelling Location: <input type="checkbox"/> Urban <input type="checkbox"/> Rural		Year Home Built: 	
Sq Ft:	# Stories:	HUD Built? Y N	
Does Dwelling Have More Than One FAU? Y N		CEC Climate Zone: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	
Is client currently on "CARE" or other income-qualified utility rate? Y N			
Dwelling Type: <input type="checkbox"/> SFD • <input type="checkbox"/> Mobile • <input type="checkbox"/> MUD (2-4 units) • <input type="checkbox"/> MUD (5 or more units) • <input type="checkbox"/> Unoccupied MUD • <input type="checkbox"/> Shelter [# _____ Units # _____ Residents]			
Heating Type: <input type="checkbox"/> Forced Air Unit (FAU) • <input type="checkbox"/> Window/Wall • <input type="checkbox"/> Portable Device • <input type="checkbox"/> No Primary Heating • <input type="checkbox"/> Other:			
Heat Fuel: <input type="checkbox"/> Natural Gas • <input type="checkbox"/> Propane (LP-Gas) • <input type="checkbox"/> Electric • <input type="checkbox"/> Wood • <input type="checkbox"/> Fuel Oil • <input type="checkbox"/> Kerosene • <input type="checkbox"/> None • <input type="checkbox"/> Other: • <input type="checkbox"/> Fuel Change Req'd			
Cooling Type: <input type="checkbox"/> Central AC • <input type="checkbox"/> Window/Wall AC • <input type="checkbox"/> Central Evap Cooler • <input type="checkbox"/> Window/Wall Evap Cooler • <input type="checkbox"/> Fans • <input type="checkbox"/> Portable Devices • <input type="checkbox"/> None • <input type="checkbox"/> Other:			
Water Heater: <input type="checkbox"/> Nat-Gas • <input type="checkbox"/> Propane • <input type="checkbox"/> Electric • <input type="checkbox"/> Other:		Range Type: <input type="checkbox"/> Nat-Gas • <input type="checkbox"/> Electric • <input type="checkbox"/> Other:	
Assessor / Auditor Printed Name:	1.	Signature:	Date:
Assessor / Auditor Printed Name:	2.	Signature:	Date:

Section 2: Diagnostic Tests & Lead-Safe Weatherization Requirements

Lead Renovator Req'd?	Pre-1978 home?	Y	N	Is home "Certified Lead Free?"	Y	N	Is Lead-safe Wx req'd?	Y	N
CAS:	Test Required?	Y	N	Pre-Test: N/A	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	Post-Test: N/A	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Blower Door:	Test Required?	Y	N	Pre-Test: N/A	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	Post-Test: N/A	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Duct Leakage:	Test Required?	Y	N	Pre-Test: N/A	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	Post-Test: N/A	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Energy Audit:	Audit Required?	Y	N	Priority List: DOE Priority List Used?	Y	N			
Additional Forms Attached: CASIF <input type="checkbox"/> Blower Door <input type="checkbox"/> Duct Leakage <input type="checkbox"/> Other <input type="checkbox"/>									
<i>General Notes on Client/Dwelling/Tests:</i>									

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Section 3: Building Layout

A large grid area for drawing the building layout, consisting of approximately 30 columns and 30 rows of small squares.

- Legend:
- CA = Crawlspace Access
 - FD = Front Door
 - BD = Back Door
 - SD = Sliding Door
 - GD = Garage Door
 - SE = Side Entrance
 - BW = Broken Window
 - WH = Water Heater
 - WF = Wall Furnace
 - FF = Floor Furnace
 - FAU = Forced Air Unit

Section 4: Attic Layout

A large grid area for drawing the attic layout, consisting of approximately 30 columns and 30 rows of small squares.

- Legend:
- AA = Attic Access
 - HS = Heat Source
 - TV = Turbine Vent
 - RJ = Roof Jack
 - EV = Eave Vent
 - GV = Gable Vent
 - EV = Eyebrow Vent
 - FV = Foundation Vent
 - RT = Return
 - DT = Ducts

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Section 5: Insulation & Attic / Crawlspace Ventilation

KNOB-AND-TUBE WIRING	
Is Knob-and-Tube Wiring Present? Y N	If Knob-and-Tube Wiring is Present, is it: <input type="checkbox"/> Abandoned <input type="checkbox"/> Present & Energized
If Knob-and-Tube Wiring is Present (whether abandoned or energized), an electrical (C-10) survey must be completed in <input type="checkbox"/> Attic <input type="checkbox"/> Walls <input type="checkbox"/> Floors	
Notes about Knob-and-Tube Wiring:	
Joist Size/Spacing Ok? Y N • Hazardous materials present? Y N • Attic access blocked? Y N • Blocking missing around HPDs? Y N • Attic access insulated? Y N	

INSULATION	Ceiling 1	Ceiling 2	Kneewall	Floor	Wall	<i>Insulation Details:</i>	
Insulation "Type": BFG = Blown Fiberglass • CEL = Cellulose • FGB = Fiberglass Batt • RW = Rockwool							
Existing	Sq. Ft.						
	R-Value						
	Type						
Needed	Sq. Ft./#Bags						
	R-Value	R-	R-	R-	R-	R-	
	Type						
*If insulation is feasible and installed, a copy of the Insulation Certificate must be kept in the customer file.							

ATTIC VENTING	Upper NFVA	Lower NFVA	<i>Attic Venting Details:</i>	FOUNDATION VENTING NFVA		
Required	SF	SF			Existing	SF
Existing	# & Type	SF		SF	Needed	SF
	NFVA	SF		SF	<i>Foundation Venting Details:</i>	
	Location	SF		SF		
Needed	# & Type	SF		SF		
	NFVA	SF	SF			
	Location	SF	SF			

Section 6: Health and Safety—Appliance Summary (Complete for all appliances)

APPLIANCE SUMMARY	Existing?	Gas/Elec	Operable?	Service/ Repair Needed	Hazard Fail?	Details
Heating System #1	Y N	G E	Y N	Y N	Y N	<input type="checkbox"/> Fix CVA
Heating System #2	Y N	G E	Y N	Y N	Y N	<input type="checkbox"/> Fix CVA
Water Heater	Y N	G E	Y N	Y N	Y N	<input type="checkbox"/> Fix CVA
Cook Stove	Y N	G E	Y N	Y N	Y N	<input type="checkbox"/> Range • <input type="checkbox"/> Cooktop & Separate Oven
Kitchen Exhaust	Y N		Y N	Y N		

Additional CVA Required? Y N	Materials Needed:
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COOLING SYSTEM	Existing?	Unit Outlet OK & Grounded?	Less than 15 yrs old?
Air Conditioners	Y N •	Y N •	Y N
Evaporative Cooler	Y N •	Y N •	Y N

Notes on Cooling System:

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Section 6: Health and Safety—Appliance Summary, Continued

ALARMS						
CO Alarm	Estimate Qty Needed:	Location				
Smoke Alarm	Estimate Qty Needed:	Location				
<i>Notes on Alarms:</i>						
PORTABLE DEVICES						
Device #1	Y	N	<input type="checkbox"/> Heater	<input type="checkbox"/> Cooler	<input type="checkbox"/> N/A	<input type="checkbox"/> 18-hr- Medical Emergency <input type="checkbox"/> 48-hr- Non-Medical Emergency
Device #2	Y	N	<input type="checkbox"/> Heater	<input type="checkbox"/> Cooler	<input type="checkbox"/> N/A	<input type="checkbox"/> 18-hr- Medical Emergency <input type="checkbox"/> 48-hr- Non-Medical Emergency
<i>Notes on Portable Device:</i>						

Section 7: Appliance Repair & Replacement

HEATING		Age/Year Made	Brand	Model #	Filter Dimensions	Capacity	Justification Codes
Furnace:	Existing				____ x ____	kBtuh	
<input type="checkbox"/> Central <input type="checkbox"/> Floor <input type="checkbox"/> Wall <input type="checkbox"/> Woodstove	Needed				____ x ____	kBtuh	
1. Estimated Maximum Furnace Capacity					2. Required load calculation method used, per State law:		
Floor Area (Sq. Ft.) _____ x 43.4 = _____ Btuh Output					<input type="checkbox"/> ACCA Manual J <input type="checkbox"/> Other:		
COOLING		Age/Year Made	Brand	Model #	Filter Dimensions	Capacity	Justification Codes
AC—Central	Existing				____ x ____	Tons	
	Needed				____ x ____	Tons	
AC:	Existing				____ x ____	Tons	
<input type="checkbox"/> Wall <input type="checkbox"/> Window	Needed				____ x ____	Tons	
Evap Cooler:	Discharge: <input type="checkbox"/> Down <input type="checkbox"/> Side • CFM _____ • # & Size Pads: # _____ @ _____ x _____ # _____ @ _____ x _____						
<input type="checkbox"/> Central <input type="checkbox"/> Window <input type="checkbox"/> Wall <input type="checkbox"/> Roof	Vent Covers: (L: _____") x (W: _____") x (D: _____") Tapered Sq • (L: _____") x (W: _____") x (D: _____") Tapered Sq						
Repairs Needed:							
1. Estimated Maximum Cooling Capacity					2. Required load calculation method used, per State law:		
Floor Area (Sq. Ft.) _____ ÷ 400 or 500 = _____ AC Tons					<input type="checkbox"/> ACCA Manual J <input type="checkbox"/> Other:		
* Use 400 in CEC Climate Zones 2 & 8–15, and use 500 in CZ 1, 3–7 & 16							
		Age/Year Made	Brand	Model #	Capacity	Justification Codes	<i>Appliance Notes:</i>
Water Heater:	Existing				kBtuh		
<input type="checkbox"/> Storage <input type="checkbox"/> Tankless	Needed				kBtuh		
Cook Stove:	Existing				kBtuh		
<input type="checkbox"/> Nat. Gas <input type="checkbox"/> Electric	Needed				kBtuh		



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Section 8: Window & Door Replacement

Measure (Circle replacements in Layout – Section 3)	Type	Measurement	Details to Justify Replacement (For Catastrophic Leakage or Per Audit/Blower Door)
Window Replacement	Existing #		
	Needed #		
Window Replacement	Existing #		
	Needed #		
Window Replacement	Existing #		
	Needed #		
Window Replacement	Existing #		
	Needed #		
Storm Windows	Existing #		<input type="checkbox"/> Interior <input type="checkbox"/> Exterior
	Needed #		<input type="checkbox"/> Interior <input type="checkbox"/> Exterior
Sliding Glass Door Replacement	Existing #		
	Needed #		

Notes on Window & Door Replacement:



Exterior Door Repair / Replacement				Details to Justify Replacement
Door # & Location:	Door #1 Loc:	Door #2 Loc:	Door #3 Loc:	
MATERIAL SC = Solid Core / HC = Hollow Core				
B -Blank, P -Prehung • Hinge L/R:	B P • HL HR	B P • HL HR	B P • HL HR	
Size Spec'd (inches W x H x D):	____ x ____ x ____	____ x ____ x ____	____ x ____ x ____	
Size Used (inches):	____ x ____ x ____	____ x ____ x ____	____ x ____ x ____	
	Est Qty	Est Qty	Est Qty	
Wood Stop				
Jamb				
Trim				
HARDWARE Lockset				(Silver, Brass, Antique Brass)
Strike Plate				
Other				
Hinges: 3½" or 4"				
Deadbolt				
DOOR BOTTOMS: (Mill / Bronze)	M B	M B	M B	
Shoe: U(Shoe), L(Shoe)	U L	U L	U L	
Sweep: S(Standard), A(Auto)	S A	S A	S A	
Threshold Height:	in.	in.	in.	
S(Saddle), B(Bumper)	S B	S B	S B	
WEATHERSTRIPPING: Y N	Type & Color	Type & Color	Type & Color	
Rigid:				
Flexible:				

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Section 9: Duct Repair / Sealing / Replacement

Asbestos-Containing Material Present

Location	Type	Condition	Disconnects	Materials Needed
M/H Belly Return				
M/H Duct Connector				
M/H Crossover				
Return Plenum				
Supply Plenum				
Registers/Boots				
Ducts				
Notes:				

Section 10: Infiltration Reduction—Catastrophic Leaks

Location:
Size:
Description:

Section 11: Infiltration Reduction—Thermal Bypasses

Location:
Size:
Description:

Section 12: Infiltration Reduction—Shell Sealing

	Needed	Description / Location	Justification Codes
Ceilings	Y N	# Patches: _____	
Walls	Y N	# Patches: _____	
Floors	Y N	# Patches: _____	
Damper	Y N	<input type="checkbox"/> Range hood, size: <input type="checkbox"/> Fireplace, size:	
Caulking		Qty Needed Description / Location	
Interior	Y N	LF	
Exterior	Y N	Tubes	
Cover Plate Gaskets	Y N	#	
Other Weatherstripping		Qty Needed Size / Type	
<input type="checkbox"/> Attic	Y N		
<input type="checkbox"/> Crawlspace	Y N		
<input type="checkbox"/> Appliance Door	Y N		
<input type="checkbox"/> Other _____	Y N		

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Section 13: Mechanical Ventilation

Existing? Y N	_____ Measured CFM	Type/Location:	Duct ok? Y N
Feasible? Y N	Reason		
Required? Y N	_____ Required CFM	Type/Location:	Duct Material:
<i>Mechanical Ventilation Notes:</i>			

Section 14: Electric Measures

Measure	Qty Needed	Description / Location / Comments
Hard-Wired CF Fixtures	#	#1: at: _____ Model: _____ <input type="checkbox"/> Dry <input type="checkbox"/> Damp <input type="checkbox"/> Wet #2: at: _____ Model: _____ <input type="checkbox"/> Dry <input type="checkbox"/> Damp <input type="checkbox"/> Wet
Fluorescent Torchiere Lamp	#	# Removed: ____ at:
CFLs	#	# ____ Cluster Lighting, # ____ Others, at:
Ceiling Fans	#	#1: at: _____ Model: _____ <input type="checkbox"/> Light Kit: _____ #2: at: _____ Model: _____ <input type="checkbox"/> Light Kit:
Microwave Oven	1 0	Ground OK? Y N • GFCI Needed? Y N • Extension Cord? Y N
Water Heater Timer	1 0	
Refrigerator Replacement	#	Who owns refrigerator?: <input type="checkbox"/> Owner/Landlord <input type="checkbox"/> Tenant <input type="checkbox"/> Other (Rental/Loaner does <u>not</u> qualify)
Existing: Metered? Y N • Is Outlet OK & Grounded? Y N • Access & Floor OK? Y N • Size: ____ CF • Freezer: Top Bottom Side Age/Yr Mfd: _____ • Brand: _____ • Model: _____ • Serial No.: _____		
Remove 2nd unit? Y N <input type="checkbox"/> Refrigerator <input type="checkbox"/> Freezer • Size: ____ CF • Location: _____ Owner: _____		
New: Size: ____ CF • Hinge: L R • Color: _____ • Max Ht: ____" Width: ____" • Freezer: <input type="checkbox"/> Top <input type="checkbox"/> Bottom		
<i>Electric Measure Notes:</i>		



Section 15: Additional Measures

Measure	Qty Needed	Description / Location / Comments
Faucet Aerators	#	at: _____ <input type="checkbox"/> Adapter • at: _____ <input type="checkbox"/> Adapter • at: _____ <input type="checkbox"/> Adapter
Showerheads: (Regular, Handheld)	#	R H at: _____ <input type="checkbox"/> Adapter : _____ • R H at: _____ <input type="checkbox"/> Adapter : _____ R H at: _____ <input type="checkbox"/> Adapter : _____ • R H at: _____ <input type="checkbox"/> Adapter : _____
Thermostats	#	<input type="checkbox"/> Programmable <input type="checkbox"/> Manual
Water Heater Insulation	#	#1: ____ Gal., Gas Electric • #2: ____ Gal., Gas Electric
Water Heater Pipe Insulation	LF	#1: Pipe: ____ LF @ ____" OD Galvanized Copper • #2: Pipe: ____ LF @ ____" OD Galvanized Copper
Water Heater Insul. (MUD-Central)	#	____ Gallons, Gas Electric
Duct Insulation	LF	
Shade Screens	#	
Wood Burning Space Heater <input type="checkbox"/> Insert <input type="checkbox"/> Free-standing	1 0	Need: <input type="checkbox"/> Hearth <input type="checkbox"/> Chimney Pipe <input type="checkbox"/> Other:
<input type="checkbox"/> Window Film, <input type="checkbox"/> Therm. Shutters	SF	

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Assessor Notes:

Section 16: Required Attachments

Attached?	When	What	Reference
<input type="checkbox"/>	For all projects	Written documentation from assessor's office or other verifiable source, stating age of dwelling.	Section 1
<input type="checkbox"/>	When appliances are repaired or replaced	Bids, photos to document need, additional info to justify repair/replacement	Section 7
<input type="checkbox"/>	When windows or doors are replaced	Photos showing damage or justification of "like-for-like." Other docs, as needed.	Section 8
<input type="checkbox"/>	When refrigerator is replaced	Photo of original (old) manufacturer's label and metering documentation	Section 14
<input type="checkbox"/>	Other Attachments (Describe):		

Homeowner/Landlord Acceptance of Services:

I, (print name) _____, the undersigned, *understand and agree* to the following provisions:

- a. The actual work performed may vary slightly from the original assessment after work commences, due to discovery of unforeseen circumstances, such as the following: a measure turns out to be unfeasible, safety issues arise, funding changes occur, or other pertinent factors evolve. Should this happen, the Weatherization Contractor representative will explain why changes are necessary and what my options are, before work is continued.
- b. These services are free of charge to the owner (and tenant, if a rental). However, installation of any of the following—a new refrigerator, a microwave oven, compact fluorescent lamps (CFLs), compact fluorescent lighting fixtures, or compact fluorescent torchiere lamps—requires removal from the premises and proper disposal of the old appliances/bulbs that are replaced.
- c. If the dwelling is a rental, the tenants shall agree that any of the following items owned by the Landlord and qualifying for installation, shall remain in the dwelling when they move out. Check all that apply: Refrigerator, Microwave Oven, Fluorescent Torchiere Lamps, CO Alarms, Programmable Thermostat, Ceiling Fans, Window-mount Air Conditioner, Evaporative Cooler, and Wood-burning Stove.
- d. I hereby agree to allow all work described herein to be performed, **or** I decline installation of the following measure(s):

1.	2.
3.	4.

e. I further agree to allow all installed measures to be inspected and checked by the Agency and a State third party inspection entity upon request. _____ (Initial)

I am the Owner, Agent • Signature: _____ Date: _____

Tenant Acknowledgement:

Not applicable

I/we, (print names) _____, the undersigned tenant(s), understand that any of the following items that are installed by the weatherization program in my rental unit that belongs to the Landlord and shall remain in the dwelling when I/we move out.

Check all that apply: Refrigerator, Microwave Oven, Fluorescent Torchiere Lamps, CO Alarms, Programmable Thermostat, Ceiling Fans, Window-mount Air Conditioner, Evaporative Cooler, and Wood-burning Stove.

I further agree to allow all installed measures to be inspected and checked by the Agency and a State third party inspection entity upon request. _____ (Initial)

Signature(s) _____ Date: _____

CSD ASSESSMENT FORM JUSTIFICATION CODES

AC REPLACEMENT

- 1 ♦ Existing appliance is a Health & Safety hazard
- 2 ♦ Lack of AC poses imminent harm to occupants
- 3 ♦ Appliance defect—Other (explanation required in Assessor Notes)
- 4 Repair exceeds 50% of replacement cost and/or exceeds general maintenance cost
- 5 Replacement parts are obsolete/not available
- 6 Certified technician verified primary cooling source as inoperable/not repairable

ATTIC VENTILATION

- 7 Attic NFVA or ratio inadequate/improper
- 8 Wire mesh is dirty/not conforming

COMBUSTION APPLIANCE SAFETY INSPECTION

- 9 ♦ Appliance defect—cracked heat exchanger
- 10 ♦ Appliance defect—Other (explanation required in Assessor Notes)
- 11 ♦ Carbon monoxide at/above action level
- 12 Combustion air inadequate/improperly vented
- 13 ♦ Draft inadequate / spillage present
- 14 ♦ Flue/vent has defect/improper termination
- 15 ♦ Gas leak present
- 16 CAZ depressurization exceeds HDL
- 17 Clothes dryer moisture exhaust nonconforming
- 18 FAU return depressurizes open combustion enclosure
- 19 Return leak in furnace room not sealed
- 20 Unvented home heater present
- 21 Kitchen exhaust nonconforming
- 22 Nonconforming open comb. appl. in living space

COOKING RANGE REPAIR/REPLACEMENT

- 23 ♦ Existing appliance is a Health & Safety hazard
- 24 Repair exceeds 50% of replacement cost
- 25 Replacement parts are obsolete/not available
- 26 ♦ CO hazard cannot be corrected
- 27 ♦ Electrical hazard cannot be corrected
- 28 ♦ Oven door does not close properly because it is sprung or otherwise damaged.
- 29 ♦ Certified technician verified as inoperable/not repairable.

COVER PLATE GASKETS

- 30 Cover plate damaged/missing
- 31 Aluminum wiring present in outlet/switch box (Mobile Home)

DOOR REPLACEMENT

- 32 Catastrophic leakage provable & repair not feasible (must have photos and calculations)
- 33 Proven by energy audit
- 34 Building integrity issue: existing window rotten/damaged creating unsafe condition.

DUCT INSULATION

- 35 ♦ HPD/combustion air clearance inadequate
- 36 Attachment improperly/not installed/spaced
- 37 Duct is damaged/leaks
- 38 Duct support missing/nonconforming
- 39 Vapor barrier improperly/not installed

DUCT REPAIR & SEALING

- 40 Connection improperly made/secured/sealed
- 41 Duct/component/boot improperly or not sealed
- 42 Duct support inadequate/improper/missing
- 43 Fiberglass exposed in occupied area
- 44 Insulation not present
- 45 Register defective or hampered by sealant
- 46 Return leak in furnace room not sealed

EVAPORATIVE COOLER INSTALLATION

- 47 ♦ Existing appliance is a Health & Safety hazard.
- 48 ♦ Lack of unit poses imminent harm to occupants.
- 49 Repair exceeds 50% of replacement cost

- 50 Rusted and/or leaking pan not feasible to repair
- 51 Existing unit undersized for living space being cooled
- 52 Improperly supported/secured
- 53 Inadequate/nonconforming drain system
- 54 Improper disconnect/ dampers/ diffusers/ controls

EVAPORATIVE COOLER REPAIR/ MAINTENANCE

- 55 Belt/pulley/fan improperly positioned/adjusted
- 56 Defective component requires R&R (explanation required in Assessor Notes)
- 57 Electrical wiring nonconforming
- 58 Unit dirty. Needs cleaning/adjustment

EXHAUST FAN

- 59 Fan missing/not installed (Mobile Homes only)
- 60 Fan repair required (all housing types)
- 61 Range hood repair required (explanation required in Assessor Notes)

FLUORESCENT TORCHIERE

- 62 Existing torchiere not fluorescent.

GLASS REPLACEMENT

- 63 Glazing compound missing/not properly tooled

HEATING SYSTEM REPAIR/REPLACEMENT

- 64 ♦ Existing appliance is a Health & Safety hazard
- 65 ♦ Lack of furnace poses imminent harm to occupants
- 66 Repair exceeds 50% of replacement cost
- 67 Replacement parts are obsolete/not available
- 68 ♦ CO hazard cannot be corrected.
- 69 ♦ Cracked/damaged/defective/improperly modified existing unit (explanation required in Assessor Notes)
- 70 No existing heating source in the home
- 71 ♦ Certified technician verified as inoperable/not repairable.

INSULATION (ALL TYPES)

- 72 Coverage incomplete/nonconforming
- 73 R-value inadequate/nonconforming

INSULATION—CEILING & KNEEWALL

- 74 ♦ Blocking of HPD, etc. improperly/not installed
- 75 Other blocking improperly/not installed
- 76 Combustion air vent obstructed
- 77 ♦ Electrical wiring/boxes improperly/not protected
- 78 ♦ Knob-and-tube requirements not met
- 79 Exhaust fan improperly/not vented outdoors

INSULATION—FLOOR

- 80 ♦ Clearance from HPD/vent/etc. nonconforming
- 81 ♦ Knob-and-tube safety requirements not met
- 82 Feasible location/cavity not insulated
- 83 Support type/spacing/attachment nonconforming
- 84 Ventilation for crawlspace nonconforming
- 85 Vapor barrier positioned improperly

INSULATION—WALL

- 86 Kneewall improperly/not insulated

MICROWAVE OVEN

- 87 Existing unit is inoperable
- 88 No existing unit and stove is inoperable

MECHANICAL VENTILATION

- 89 Ventilation below cautionary level

MINOR ENVELOPE REPAIR

- 90 Blower Door-identified shell leak
- 91 CVA requires correction or increased NFVA
- 92 Entrance door modification needed
- 93 Kitchen exhaust needed for Mobile Home
- 94 Water heater floor repair needed for Mobile Home
- 95 Chimney damper existing or non-functioning
- 96 Cover plate broken or missing
- 97 Roof leaks or is structurally substandard

REFRIGERATOR REPLACEMENT

- 98 SIR of 1.0 or greater by audit research
- 99 Properly grounded outlet non-existing
- 100 Refrigerator inoperable
- 101 ♦ Defects that compromise operating efficiency Appliance defect—explanation required in Assessor Notes
- 102 Appliance unable to maintain safe temperature (must be proven by metering results)

SHELL SEALING

- 103 Excessive leakage
- 104 Large holes in shell to big to caulk. Patch required.
- 105 Sealing of thermal bypasses required (no insulation to be installed)
- 106 Fireplace chimney damper repair or installation.

SLIDING GLASS DOOR REPLACEMENT

- 107 Catastrophic leakage provable & repair not feasible (must have photos and calculations)
- 108 Proven by energy audit

STORM WINDOWS

- 109 Prime window is degraded and cannot be replaced

WATER HEATER REPAIR/REPLACEMENT

- 110 ♦ Existing appliance is a Health & Safety hazard or inoperable.
- 111 Repair exceeds 50% of replacement cost
- 112 Replacement parts are obsolete/not available
- 113 ♦ CO hazard cannot be corrected.
- 114 Tank is leaking water
- 115 Mineral buildup significantly reduces efficiency/capacity
- 116 ♦ Cracked/damaged/defective/improperly modified existing unit (explanation required in Assessor Notes)
- 117 No existing heating source in the home
- 118 ♦ Certified technician verified as inoperable/not repairable.

WINDOW REPLACEMENT

- 119 Catastrophic leakage provable & repair not feasible (must have photos and calculations)
- 120 Proven by energy audit
- 121 Building integrity issue: existing window rotten/damaged creating unsafe condition.

WOOD BURNING STOVES

- 122 ♦ Existing stove is a Health & Safety hazard (CO)
- 123 ♦ Lack of stove poses imminent harm to occupants
- 124 Repair exceeds 30% of replacement cost
- 125 Replacement parts are obsolete/not available
- 126 ♦ CO hazard cannot be corrected.
- 127 ♦ Defective door. Can't repair/replace.
- 128 ♦ Cracked/damaged/defective/improperly modified
- 129 ♦ Certified technician verified as inoperable/not repairable.
- 130 Existing stove in Mobile Home not listed/approved for use in a mobile (per current HUD Code)

NOTES FOR APPLIANCE REPAIR/REPLACEMENT:

- Repairs & replacements performed under DOE for non-health and safety reasons are subject to the Energy Audit.
- Age is not a basis for appliance replacement.
- May be performed only in conjunction with weatherization services.
- Limited to dwelling's primary appliance.
- Health & Safety Appliance Repair and Replacement Policy governs programmatic policy.

♦ = Hazardous Condition