



Energy Diagnostics Inc.

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Builder Name _____ Phone # _____

Lot # _____ Development Name _____

Property Address _____

Utility Companies: Gas _____ Electric _____

Efficiency Factors Needed:

Heating Equipment: output (if known) _____ K-BTHU/H-efficiency _____ % - programmable thermostat _____

Cooling Equipment: size (if known) _____ K-BTHU/H—seer _____ **note if air source heat pump**

Any exposed duct work (circle) yes—no—If so, duct insulation R-value _____

Water Heater: _____ gallon _____ % efficient - Gas or Electric Unit

Mechanical Ventilation (air cyclers/erv/hrv/etc): Yes (please note what type) or NO

Insulation R-values and types:

	Type	R-value
Wall Cavity:	_____	_____
Wall Exterior Sheathing:	_____	_____
Exposed Frame Floor: (cantilever/room over garage)	_____	_____
Rim Joist:	_____	_____
Cathedral Ceiling:	_____	_____
Flat Ceiling:	_____	_____
Foundation Insulation:	_____	_____
Foundation: (circle) slab / full basement / crawl space / other (specify) _____		
Window Type: circle: LOE / Argon / Clear Glass—U-value _____ solar heat gain coefficient _____		
Structure Orientation: (front of home) north south east west other: _____		

Blueprints needed to calculate preliminary calculations (floor plan, elevations, and clear window sizes)

Rating will require an on-site visit to verify the above information, additional information, and blower door and duct blasting (if ducts are outside the envelope) near completion of the home

