

Sponsor Name

Sponsor Ph #

Date:

Cust ID #

Customer Information

Name:		Phone:		Date:	
Address:		Apt #:	City:		Zip
ESI ID/Meter #:		County:		State:	
Heating: a. Electric b. Gas c. Heat Pump		Water: a. Electric b. Gas		Gas Appl: Yes No	
A/C Tons:	Air Handler Loc: Semi-Condition Interior Closet/Furrdown Attic/Garage			# of Bedrooms:	
Check Box for Location of Installed Insulation		Insulation Type:		Insulation Depth ("")	
Attic <input type="checkbox"/>	Insulation Sq. Ft:	Existing:	Pre Install	Post Install	Pre Install
		Sponsor installed:			
Floor <input type="checkbox"/>					
Wall <input type="checkbox"/>					
Blower Door Test (CFM)		Pre:	Post:		Home Sq Ft:
Duct Blaster Test (CFM)		Pre:	Post:		Stories:
Carbon Monoxide Test (ppm)		Pre:	Post:		

Inside Conditioned
 Outside Conditioned

Location	Weather Stripping	Plumbing Penetrat.	Light/Fan Penetrat.	Outlet Gaskets	Light Swith Gaskets	Windows Caulked	# of CFLs/Watts (e.g. 2 / 14w)	Supply Registers	Ducts Sealed	Water Htr Msrs
Kitchen										
Bath #1										
Bath #2										
Hallway										
Living Room										
Bedroom #1										
Bedroom #2										
Bedroom #3										
Laundry Room										
Dining Room										
HVAC Closet										
Attic										

Additional Notes:

After Infiltration and Duct Efficiency measures are installed, customer must initial the appropriate space below.

I witnessed and confirm that the pre and post Blower Door, Duct Blaster and CO tests were performed? (where applicable)

Customer Initials

YES _____

NO _____