



# MHEA Data Collection Form

**Audit Name:**

**Client Name:**

**Client ID:**

**Alternate Client ID:**

**Assigned to (Auditor):**

**Length:**

**Width:**

**Height:**

**Wind Shielding:**  Well Shielded  Normal Shielding  Exposed

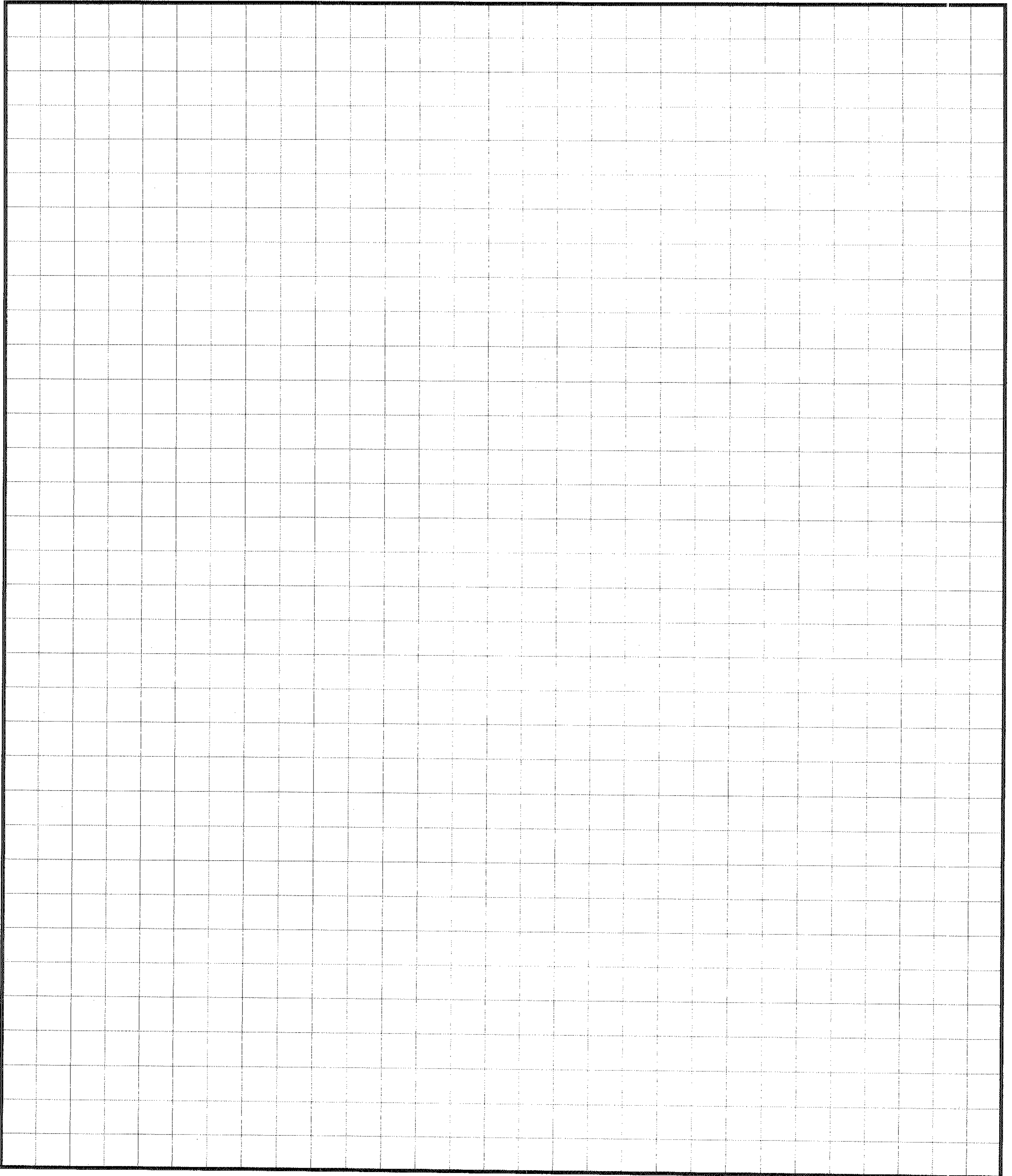
**Home Leakiness:**  North  Medium  Loose

**Outdoor Water Heater Closet:**

**Comment:**

Client Name:   
Client ID:   
Alt. Client ID:

*Site Diagram*



Client Name:	
Client ID:	
Alt. Client ID:	

**MHEA Data Collection Form**  
Form Run On: 3/23/2010

DOE Weatherization Assistant  
Version 8.6.0  
Page 2 of 41

**Walls** - *DO NOT INCLUDE ADDITIONAL WALLS ON THIS FORM*

Wall Stud Size  2x2  2x3  2x4  2x6

Orientation of Long Wall  North  South  East  West

Wall Ventilation  Vented  Not Vented

Uninsulatable Area (sq ft)

Additional Cost (\$)

**Insulation Type Thickness**

Batt/Blanket (in)

Loose Fill (in)

Foam Core (in)

**Carport/Porch Roof**

Length (ft)

Width (ft)

Orientation  North  South  East  West

Comment

Client Name:   
Client ID:   
Alt. Client ID:

**Windows** *DO NOT INCLUDE ADDITION WINDOWS ON THIS FORM*

<b>Window Code</b>	<input type="text"/>	<b>Retrofit Options</b>	<input type="checkbox"/> Evaluate All <input type="checkbox"/> Add Glass Storm <input type="checkbox"/> Weatherize <input type="checkbox"/> Add Plastic Storm <input type="checkbox"/> Replace <input type="checkbox"/> Evaluate None
<b>Window Type</b>	Jalousie   Awning   Slider   Fixed Door Window   Sliding Glass Door   Skylight	<b>Additional Costs</b>	Weatherization <input type="text"/> Replacement <input type="text"/> Glass Storm <input type="text"/> Plastic Storm <input type="text"/>
<b>Frame Type</b>	Wood or Vinyl   Metal   Improved metal	<b>Average Size</b> Width (in) <input type="text"/> Height (in) <input type="text"/>	
<b>Glazing Type</b>	Single   Single with Glass Storm   Single with Plastic Storm Double   Double with Glass Storm   Double with Plastic Storm		
<b>Interior Shading</b>	Drapes   Blinds or Shades Drapes with Shades   None	<b>Number Facing</b> North <input type="text"/> South <input type="text"/> East <input type="text"/> West <input type="text"/>	
<b>Exterior Shading</b>	Awning   Low E Film   Sun Screen Carport or Porch   None		
<b>Leakiness</b>	Very Tight   Tight Medium   Loose   Very Loose	<b>Comment</b> <input type="text"/>	

<b>Window Code</b>	<input type="text"/>	<b>Retrofit Options</b>	<input type="checkbox"/> Evaluate All <input type="checkbox"/> Add Glass Storm <input type="checkbox"/> Weatherize <input type="checkbox"/> Add Plastic Storm <input type="checkbox"/> Replace <input type="checkbox"/> Evaluate None
<b>Window Type</b>	Jalousie   Awning   Slider   Fixed Door Window   Sliding Glass Door   Skylight	<b>Additional Costs</b>	Weatherization <input type="text"/> Replacement <input type="text"/> Glass Storm <input type="text"/> Plastic Storm <input type="text"/>
<b>Frame Type</b>	Wood or Vinyl   Metal   Improved metal	<b>Average Size</b> Width (in) <input type="text"/> Height (in) <input type="text"/>	
<b>Glazing Type</b>	Single   Single with Glass Storm   Single with Plastic Storm Double   Double with Glass Storm   Double with Plastic Storm		
<b>Interior Shading</b>	Drapes   Blinds or Shades Drapes with Shades   None	<b>Number Facing</b> North <input type="text"/> South <input type="text"/> East <input type="text"/> West <input type="text"/>	
<b>Exterior Shading</b>	Awning   Low E Film   Sun Screen Carport or Porch   None		
<b>Leakiness</b>	Very Tight   Tight Medium   Loose   Very Loose	<b>Comment</b> <input type="text"/>	

**Notes :**

Client Name:   
 Client ID:   
 Alt. Client ID:

# Windows *DO NOT INCLUDE ADDITION WINDOWS ON THIS FORM*

<b>Window Code</b>	<input type="text"/>	<b>Retrofit Options</b>	<input type="checkbox"/> Evaluate <input type="checkbox"/> All-Add Glass Storm <input type="checkbox"/> Weatherize <input type="checkbox"/> Add Plastic Storm <input type="checkbox"/> Replace <input type="checkbox"/> Evaluate None
<b>Window Type</b>	Jalousie   Awning   Slider   Fixed Door Window   Sliding Glass Door   Skylight	<b>Additional Costs</b>	Weatherization <input type="text"/> Replacement <input type="text"/> Glass Storm <input type="text"/> Plastic Storm <input type="text"/>
<b>Frame Type</b>	Wood or Vinyl   Metal   Improved metal	<b>Average Size</b> Width (in) <input type="text"/> Height (in) <input type="text"/>	
<b>Glazing Type</b>	Single   Single with Glass Storm   Single with Plastic Storm Double   Double with Glass Storm   Double with Plastic Storm		
<b>Interior Shading</b>	Drapes   Blinds or Shades Drapes with Shades   None	<b>Number Facing</b> North <input type="text"/> South <input type="text"/> East <input type="text"/> West <input type="text"/>	
<b>Exterior Shading</b>	Awning   Low E Film   Sun Screen Carport or Porch   None		
<b>Leakiness</b>	Very Tight   Tight Medium   Loose   Very Loose	<b>Comment</b> <input type="text"/>	

<b>Window Code</b>	<input type="text"/>	<b>Retrofit Options</b>	<input type="checkbox"/> Evaluate <input type="checkbox"/> All-Add Glass Storm <input type="checkbox"/> Weatherize <input type="checkbox"/> Add Plastic Storm <input type="checkbox"/> Replace <input type="checkbox"/> Evaluate None
<b>Window Type</b>	Jalousie   Awning   Slider   Fixed Door Window   Sliding Glass Door   Skylight	<b>Additional Costs</b>	Weatherization <input type="text"/> Replacement <input type="text"/> Glass Storm <input type="text"/> Plastic Storm <input type="text"/>
<b>Frame Type</b>	Wood or Vinyl   Metal   Improved metal	<b>Average Size</b> Width (in) <input type="text"/> Height (in) <input type="text"/>	
<b>Glazing Type</b>	Single   Single with Glass Storm   Single with Plastic Storm Double   Double with Glass Storm   Double with Plastic Storm		
<b>Interior Shading</b>	Drapes   Blinds or Shades Drapes with Shades   None	<b>Number Facing</b> North <input type="text"/> South <input type="text"/> East <input type="text"/> West <input type="text"/>	
<b>Exterior Shading</b>	Awning   Low E Film   Sun Screen Carport or Porch   None		
<b>Leakiness</b>	Very Tight   Tight Medium   Loose   Very Loose	<b>Comment</b> <input type="text"/>	

## Notes :

Client Name:   
 Client ID:   
 Alt. Client ID:

**Windows** *Do Not INCLUDE ADDITION WINDOWS ON THIS FORM*

<b>Window Code</b>	<input type="text"/>	<b>Retrofit Options</b>	<input type="checkbox"/> Evaluate-All <input type="checkbox"/> Weatherize <input type="checkbox"/> Replace	<input type="checkbox"/> Add Glass Storm <input type="checkbox"/> Add Plastic Stor <input type="checkbox"/> Evaluate None
<b>WindowType</b>	Jalousie    Awning    Slider    Fixed Door Window    Sliding Glass Door    Skylight	<b>Additional Costs</b>	Weatherization <input type="text"/> Replacement <input type="text"/> Glass Storm <input type="text"/> Plastic Storm <input type="text"/>	
<b>Frame Type</b>	Wood or Vinyl    Metal    Improved metal	<b>Average Size</b>	<b>Number Facing</b>	
<b>Glazing Type</b>	Single    Single with Glass Storm    Single with Plastic Storm Double    Double with Glass Storm    Double with Plastic Storm	Width (in) <input type="text"/> Height (in) <input type="text"/>	North <input type="text"/> South <input type="text"/> East <input type="text"/> West <input type="text"/>	
<b>Interior Shading</b>	Drapes    Blinds or Shades Drapes with Shades    None			
<b>Exterior Shading</b>	Awning    Low E Film    Sun Screen Carport or Porch    None			
<b>Leakiness</b>	Very Tight    Tight Medium    Loose    Very Loose			
<b>Comment</b>	<input type="text"/>			

<b>Window Code</b>	<input type="text"/>	<b>Retrofit Options</b>	<input type="checkbox"/> Evaluate-All <input type="checkbox"/> Weatherize <input type="checkbox"/> Replace	<input type="checkbox"/> Add Glass Storm <input type="checkbox"/> Add Plastic Stor <input type="checkbox"/> Evaluate None
<b>WindowType</b>	Jalousie    Awning    Slider    Fixed Door Window    Sliding Glass Door    Skylight	<b>Additional Costs</b>	Weatherization <input type="text"/> Replacement <input type="text"/> Glass Storm <input type="text"/> Plastic Storm <input type="text"/>	
<b>Frame Type</b>	Wood or Vinyl    Metal    Improved metal	<b>Average Size</b>	<b>Number Facing</b>	
<b>Glazing Type</b>	Single    Single with Glass Storm    Single with Plastic Storm Double    Double with Glass Storm    Double with Plastic Storm	Width (in) <input type="text"/> Height (in) <input type="text"/>	North <input type="text"/> South <input type="text"/> East <input type="text"/> West <input type="text"/>	
<b>Interior Shading</b>	Drapes    Blinds or Shades Drapes with Shades    None			
<b>Exterior Shading</b>	Awning    Low E Film    Sun Screen Carport or Porch    None			
<b>Leakiness</b>	Very Tight    Tight Medium    Loose    Very Loose			
<b>Comment</b>	<input type="text"/>			

**Notes :**

Client Name:   
 Client ID:   
 Alt. Client ID:

**Doors** *Do Not Include Addition Doors on this Form*

<b>Door Code</b>	<input type="text"/>	<b>Number Facing</b>	North <input type="text"/> South <input type="text"/> East <input type="text"/> West <input type="text"/>	<b>Size</b>	Width (in) <input type="text"/> Height (in) <input type="text"/>	Storm Door Present? <input type="checkbox"/> <del>Replacement Door Required?</del> <input type="checkbox"/> <del>Additional Cost (\$/Door)</del> <input type="checkbox"/>
<b>Door Type</b>	Wood, Hollow Core Wood, Solid Core Standard Manufactured Home Door Insulated Steel					
<b>Comment</b>	<input type="text"/>					

<b>Door Code</b>	<input type="text"/>	<b>Number Facing</b>	North <input type="text"/> South <input type="text"/> East <input type="text"/> West <input type="text"/>	<b>Size</b>	Width (in) <input type="text"/> Height (in) <input type="text"/>	Storm Door Present? <input type="checkbox"/> <del>Replacement Door Required?</del> <input type="checkbox"/> <del>Additional Cost (\$/Door)</del> <input type="checkbox"/>
<b>Door Type</b>	Wood, Hollow Core Wood, Solid Core Standard Manufactured Home Door Insulated Steel					
<b>Comment</b>	<input type="text"/>					

<b>Door Code</b>	<input type="text"/>	<b>Number Facing</b>	North <input type="text"/> South <input type="text"/> East <input type="text"/> West <input type="text"/>	<b>Size</b>	Width (in) <input type="text"/> Height (in) <input type="text"/>	Storm Door Present? <input type="checkbox"/> <del>Replacement Door Required?</del> <input type="checkbox"/> <del>Additional Cost (\$/Door)</del> <input type="checkbox"/>
<b>Door Type</b>	Wood, Hollow Core Wood, Solid Core Standard Manufactured Home Door Insulated Steel					
<b>Comment</b>	<input type="text"/>					

**Notes :**

Client Name:	<input type="text"/>
Client ID:	<input type="text"/>
Alt. Client ID:	<input type="text"/>

**Ceiling** *Do Not Include Addition Ceilings on this Form*

**Roof Type**  Flat  
 Bowstring  
 Pitched

**Roof Color**  White or Reflective  
 Normal or Weathered

**Height of Roof (in)**  *Bowstring roofs only*

**Joist Size**  2 X 4  
 2 X 6  
 2 X 8 *Flat roofs only*

**Insulation to Add (in)**  *Center of pitched roofs only*

**Existing Insulation**

**Batt/Blanket (in)**

**Loose Fill (in)**

**Foam Core (in)**

**Cathedral Ceiling (%)**

~~**Additional Cost (\$)**~~

**Comment**

**Client Name:**

**Client ID:**

**Alt. Client ID:**

**Floor** *Do Not INCLUDE ADDITION FLOORS ON THIS FORM*

**Floor Joist Direction**

Lengthwise  
Widthwise

**Is There a Skirt ?**

**Floor Wing Description**

**Floor Joist Size**

2x4  
2x6  
2x8

**Loose Insulation Thickness (in)**

**Batt/Blanket Insulation Location**

Attached to Flooring  
Between Joists  
Attached Under Joists  
None

**Batt/Blanket Thickness (in)**

**Floor Belly (Center) Description**

**Floor Joist Size**

2x4  
2x6  
2x8

**Loose Insulation Thickness (in)**

**Batt/Blanket Insulation Location**

Attached to Flooring  
Between Joists  
Attached Under Joists  
Draped Below Joists  
None

**Belly Cavity Configuration**

Square  
Rounded  
Flat

**Condition of Belly**

Good  
Average  
Poor

**Batt/Blanket Thickness (in)**

**Maximum Depth of Belly Cavity (in)**

**Comment**

**Additional Cost (\$)**

Client Name:

Client ID:

Alt. Client ID:

**MHEA Data Collection Form**

Form Run On: 3/23/2010

DOE Weatherization Assistant

Version 8.6.0

Page 9 of 41

# Walls (Addition)

Wall Stud Size  2x2  2x3  2x4  2x6

Addition Orientation  North  South  East  West

Wall Ventilation  Vented  Not Vented

Additional Cost (\$)

## Insulation Type Thickness

Batt/Blanket (in)

Loose Fill (in)

Foam Core (in)

Wall Configuration  Maximum Wall Height at Interior Wall  
 Maximum Wall Height in Center of Addition  
 All Addition Wall the Same Height

Interior wall   
Max Height (ft)   
Min Height (ft)

Comment

Client Name:   
Client ID:   
Alt. Client ID:

MHEA Data Collection Form  
Form Run On: 3/23/2010

DOE Weatherization Assistant  
Version 8.6.0  
Page 10 of 41

# Windows (Addition)

<b>Window Code</b>	<input type="text"/>	<b>Retrofit Options</b>	<input type="checkbox"/> Evaluate All <input type="checkbox"/> Add Glass Storm <input type="checkbox"/> Weatherize <input type="checkbox"/> Add Plastic Storm <input type="checkbox"/> Replace <input type="checkbox"/> Evaluate None
<b>WindowType</b>	Jalousie   Awning   Slider   Fixed Door Window   Sliding Glass Door   Skylight	<b>Additional Costs</b>	Weatherization <input type="text"/> Replacement <input type="text"/> Glass Storm <input type="text"/> Plastic Storm <input type="text"/>
<b>Frame Type</b>	Wood or Vinyl   Metal   Improved metal	<b>Average Size</b>	<b>Number Facing</b>
<b>Glazing Type</b>	Single   Single with Glass Storm   Single with Plastic Storm Double   Double with Glass Storm   Double with Plastic Storm	Width (in) <input type="text"/> Height (in) <input type="text"/>	North <input type="text"/> South <input type="text"/> East <input type="text"/> West <input type="text"/>
<b>Interior Shading</b>	Drapes   Blinds or Shades Drapes with Shades   None		
<b>Exterior Shading</b>	Awning   Low E Film   Sun Screen Carport or Porch   None		
<b>Leakiness</b>	Very Tight   Tight Medium   Loose   Very Loose		
<b>Comment</b>	<input type="text"/>		

<b>Window Code</b>	<input type="text"/>	<b>Retrofit Options</b>	<input type="checkbox"/> Evaluate All <input type="checkbox"/> Add Glass Storm <input type="checkbox"/> Weatherize <input type="checkbox"/> Add Plastic Storm <input type="checkbox"/> Replace <input type="checkbox"/> Evaluate None
<b>WindowType</b>	Jalousie   Awning   Slider   Fixed Door Window   Sliding Glass Door   Skylight	<b>Additional Costs</b>	Weatherization <input type="text"/> Replacement <input type="text"/> Glass Storm <input type="text"/> Plastic Storm <input type="text"/>
<b>Frame Type</b>	Wood or Vinyl   Metal   Improved metal	<b>Average Size</b>	<b>Number Facing</b>
<b>Glazing Type</b>	Single   Single with Glass Storm   Single with Plastic Storm Double   Double with Glass Storm   Double with Plastic Storm	Width (in) <input type="text"/> Height (in) <input type="text"/>	North <input type="text"/> South <input type="text"/> East <input type="text"/> West <input type="text"/>
<b>Interior Shading</b>	Drapes   Blinds or Shades Drapes with Shades   None		
<b>Exterior Shading</b>	Awning   Low E Film   Sun Screen Carport or Porch   None		
<b>Leakiness</b>	Very Tight   Tight Medium   Loose   Very Loose		
<b>Comment</b>	<input type="text"/>		

## Notes :

Client Name:   
 Client ID:   
 Alt. Client ID:

# Windows (Addition)

<b>Window Code</b>	<input type="text"/>	<b>Retrofit Options</b>	<input type="checkbox"/> Evaluate-All	<input type="checkbox"/> Add Glass Storm
<b>WindowType</b>	Jalousie   Awning   Slider   Fixed Door Window   Sliding Glass Door   Skylight	<b>Options</b>	<input type="checkbox"/> Weatherize	<input type="checkbox"/> Add Plastic Stor
<b>Frame Type</b>	Wood or Vinyl   Metal   Improved metal	<b>Additional Costs</b>	<input type="checkbox"/> Replace	<input type="checkbox"/> Evaluate None
<b>Glazing Type</b>	Single   Single with Glass Storm   Single with Plastic Storm Double   Double with Glass Storm   Double with Plastic Storm		<input type="checkbox"/> Weatherization	<input type="checkbox"/>
<b>Interior Shading</b>	Drapes   Blinds or Shades Drapes with Shades   None	<b>Average Size</b>	<input type="checkbox"/> Replacement	<input type="checkbox"/>
<b>Exterior Shading</b>	Awning   Low E Film   Sun Screen Carport or Porch   None	<b>Width (in)</b> <input type="text"/>	<input type="checkbox"/> Glass Storm	<input type="checkbox"/>
<b>Leakiness</b>	Very Tight   Tight Medium   Loose   Very Loose	<b>Height (in)</b> <input type="text"/>	<input type="checkbox"/> Plastic Storm	<input type="checkbox"/>
<b>Comment</b>	<input type="text"/>			
			<b>Number Facing</b>	
			<b>North</b>	<input type="text"/>
			<b>South</b>	<input type="text"/>
			<b>East</b>	<input type="text"/>
			<b>West</b>	<input type="text"/>

<b>Window Code</b>	<input type="text"/>	<b>Retrofit Options</b>	<input type="checkbox"/> Evaluate-All	<input type="checkbox"/> Add Glass Storm
<b>WindowType</b>	Jalousie   Awning   Slider   Fixed Door Window   Sliding Glass Door   Skylight	<b>Options</b>	<input type="checkbox"/> Weatherize	<input type="checkbox"/> Add Plastic Stor
<b>Frame Type</b>	Wood or Vinyl   Metal   Improved metal	<b>Additional Costs</b>	<input type="checkbox"/> Replace	<input type="checkbox"/> Evaluate None
<b>Glazing Type</b>	Single   Single with Glass Storm   Single with Plastic Storm Double   Double with Glass Storm   Double with Plastic Storm		<input type="checkbox"/> Weatherization	<input type="checkbox"/>
<b>Interior Shading</b>	Drapes   Blinds or Shades Drapes with Shades   None	<b>Average Size</b>	<input type="checkbox"/> Replacement	<input type="checkbox"/>
<b>Exterior Shading</b>	Awning   Low E Film   Sun Screen Carport or Porch   None	<b>Width (in)</b> <input type="text"/>	<input type="checkbox"/> Glass Storm	<input type="checkbox"/>
<b>Leakiness</b>	Very Tight   Tight Medium   Loose   Very Loose	<b>Height (in)</b> <input type="text"/>	<input type="checkbox"/> Plastic Storm	<input type="checkbox"/>
<b>Comment</b>	<input type="text"/>			
			<b>Number Facing</b>	
			<b>North</b>	<input type="text"/>
			<b>South</b>	<input type="text"/>
			<b>East</b>	<input type="text"/>
			<b>West</b>	<input type="text"/>

## Notes :

Client Name:	<input type="text"/>
Client ID:	<input type="text"/>
Alt. Client ID:	<input type="text"/>

# Doors (Addition)

<b>Door Code</b>	<input type="text"/>	<b>Number Facing</b>	North <input type="text"/> South <input type="text"/> East <input type="text"/> West <input type="text"/>	<b>Size</b>	Width (in) <input type="text"/> Height (in) <input type="text"/>	Storm Door Present? <input type="checkbox"/> <del>Replacement Door Required?</del> <input type="checkbox"/> <del>Additional Cost (\$/Door)</del> <input type="checkbox"/>
<b>Door Type</b>	Wood, Hollow Core Wood, Solid Core Standard Manufactured Home Door Insulated Steel					
<b>Comment</b>	<input type="text"/>					

<b>Door Code</b>	<input type="text"/>	<b>Number Facing</b>	North <input type="text"/> South <input type="text"/> East <input type="text"/> West <input type="text"/>	<b>Size</b>	Width (in) <input type="text"/> Height (in) <input type="text"/>	Storm Door Present? <input type="checkbox"/> <del>Replacement Door Required?</del> <input type="checkbox"/> <del>Additional Cost (\$/Door)</del> <input type="checkbox"/>
<b>Door Type</b>	Wood, Hollow Core Wood, Solid Core Standard Manufactured Home Door Insulated Steel					
<b>Comment</b>	<input type="text"/>					

<b>Door Code</b>	<input type="text"/>	<b>Number Facing</b>	North <input type="text"/> South <input type="text"/> East <input type="text"/> West <input type="text"/>	<b>Size</b>	Width (in) <input type="text"/> Height (in) <input type="text"/>	Storm Door Present? <input type="checkbox"/> <del>Replacement Door Required?</del> <input type="checkbox"/> <del>Additional Cost (\$/Door)</del> <input type="checkbox"/>
<b>Door Type</b>	Wood, Hollow Core Wood, Solid Core Standard Manufactured Home Door Insulated Steel					
<b>Comment</b>	<input type="text"/>					

**Notes :**

Client Name:	<input type="text"/>
Client ID:	<input type="text"/>
Alt. Client ID:	<input type="text"/>

# Ceiling (Addition)

---

**Joist Size**

2x4
2x6
2x8

**Roof Color**

White or Reflective
Normal or Weathered

**Additional Cost (\$)**

--

**Insulation Type Thickness**

**Batt/Blanket (in)**

--

**Loose Fill (in)**

--

**Foam Core (in)**

--

**Comment**

--

<b>Client Name:</b>	
<b>Client ID:</b>	
<b>Alt. Client ID:</b>	

# Floor (Addition)

**Floor Type**

Crawl Space  
Slab on Grade  
Exposed Floor

**Joist Size**

2 x 4  
2 x 6  
2 x 8

**Floor Dimensions**

Length (ft)

Width (ft)

**Batt/Blanket Location**

Attached to Flooring  
Between Joists  
Attached Under Joists  
None

**Insulation Type Thickness**

Batt/Blanket (in)

Loose Fill (in)

Depth Available for  
Added Insulation (in)

**Comment**

Client Name:

Client ID:

Alt. Client ID:

**MHEA Data Collection Form**

Form Run On: 3/23/2010

DOE Weatherization Assistant

Version 8.6.0

Page 15 of 41

# Heating System (Primary)

**Equipment Type**  
Furnace  
Heat Pump  
Space Heater  
None

~~Tune-up Mandatory~~

~~Include in SIR~~

**Fuel Type**  
Natural Gas    Wood  
Oil                Coal  
Electricity      Kerosene  
Propane         Other

**Capacity(kBTU/hr)**

**Efficiency**

**Efficiency Units**  
Steady State  
AFUE  
HSPF  
COP

**Duct Location**  
Floor  
Ceiling  
None

**Duct Insulation Location**  
Above Duct  
Below Duct  
Around Duct or Ductboard  
None

**Percent Total Heat Supplied (%)**

**Programmable Thermostat**

**Comment**

**Notes :**

Client Name:   
Client ID:   
Alt. Client ID:

**MHEA Data Collection Form**  
Form Run On: 3/23/2010

DOE Weatherization Assistant  
Version 8.6.0  
Page 16 of 41

# Heating System (Secondary)

---

**Equipment Type**

Furnace  
Heat Pump  
Space Heater  
None

**Fuel Type**

Natural Gas    Wood  
Oil                Coal  
Electricity      Kerosene  
Propane         Other

**Capacity(kBTU/hr)**

**Efficiency**

**Efficiency Units**

Steady State  
AFUE  
HSPF  
COP

**Comment**

**Notes :**

Client Name:   
Client ID:   
Alt. Client ID:

# Heating System (Replacement)

**Equipment Type**  
Furnace  
Heat Pump  
Space Heater  
None

Replacement Required

Include in SIR

**Fuel Type**  
Natural Gas    Wood  
Oil                Coal  
Electricity      Kerosene  
Propane         Other

**Cost**  
Labor (\$)   
Material (\$)

**Capacity(kBTU/hr)**

**Efficiency**

**Efficiency Units**  
Steady State  
AFUE  
HSPF  
COP

**Duct Location**  
Floor  
Ceiling  
None

**Duct Insulation Location**  
Above Duct  
Below Duct  
Around Duct or Ductboard  
None

**Comment**

**Notes :**

Client Name:   
Client ID:   
Alt. Client ID:

# Ducts / Infiltration

## AIR and DUCT LEAKAGES

Evaluate Duct Sealing?

Duct Leakage Method

- ~~Whole House Blower Door Measurement~~
- ~~Blower Door Subtraction (sealed and unsealed registers and grills)~~
- ~~Duct-Blower Measurements~~
- ~~Pressure Pan Measurements~~

Whole House Blower Door Measurements		
	Before Weatherization (Existing)	After Weatherization (Target or Actual)
Air Leakage Rate (cfm) at House Pressure Difference (Pa)	<input type="text"/>	<input type="text"/>
Infiltration Reduction Cost (\$)	<input type="text"/>	
Comment	<input type="text"/>	

Whole House Blower Door Measurements															
	Before Weatherization (Existing)	After Duct Sealing	After Weatherization (Target or Actual)												
Air Leakage Rate (cfm) at House Pressure Difference (Pa)	<input type="text"/>	<input type="text"/>	<input type="text"/>												
Infiltration Reduction Cost (\$)	<input type="text"/>														
Duct Sealing Cost (\$)	<input type="text"/>														
Comment	<table border="1"> <thead> <tr> <th colspan="3">DUCT OPERATING PRESSURES</th> </tr> <tr> <th></th> <th>Before Duct Sealing</th> <th>After Duct Sealing</th> </tr> </thead> <tbody> <tr> <td>Supply (Pa)</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Return (Pa)</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>			DUCT OPERATING PRESSURES				Before Duct Sealing	After Duct Sealing	Supply (Pa)	<input type="text"/>	<input type="text"/>	Return (Pa)	<input type="text"/>	<input type="text"/>
	DUCT OPERATING PRESSURES														
		Before Duct Sealing	After Duct Sealing												
Supply (Pa)	<input type="text"/>	<input type="text"/>													
Return (Pa)	<input type="text"/>	<input type="text"/>													

Client Name:

Client ID:

Alt. Client ID:

# Base Load - Water Heater

Existing Equipment Replacement Equipment *IF NEEDED*

**Existing Equipment**

Manufacturer  Model

Fuel

Rated Input

Location

Input Units

Energy Factor

Gallons

Recovery Efficiency (%)

Water Heater Wrap Present

Insulation Type

Water Heater Pipe Insulation Present

Insulation Thickness (in)

Label R Value

**Replacement Equipment**

Manufacturer

Model

Fuel

Rated Input

Input Units

Gallons

Installation Cost (\$)

Additional Cost (\$)

Energy Factor

Recovery Efficiency (%)

**Shower Heads**

Number of Showerheads

Average GPM

Minutes of Shower Use Per Day

Comment

Notes :

Client Name:

Client ID:

Alt. Client ID:

# Baseload - Lighting Systems

Existing Incandescent Lighting		Replacement Compact Fluorescent Lighting													
Light Code	<input type="text" value="LC1"/>	CF Watts	<input type="text" value="18"/>												
Room	<table border="0"> <tr> <td>Kitchen</td> <td>Dining Room</td> <td>Other</td> </tr> <tr> <td>Family Room</td> <td>Bedroom</td> <td></td> </tr> <tr> <td>Living Room</td> <td>Bathroom</td> <td></td> </tr> <tr> <td>Rec Room</td> <td>Utility</td> <td></td> </tr> </table>	Kitchen	Dining Room	Other	Family Room	Bedroom		Living Room	Bathroom		Rec Room	Utility		Additional Costs (\$)	<input type="text"/>
Kitchen	Dining Room	Other													
Family Room	Bedroom														
Living Room	Bathroom														
Rec Room	Utility														
Location	<table border="0"> <tr> <td>Ceiling</td> <td>Wall</td> <td rowspan="3">WHOLE HOUSE</td> </tr> <tr> <td>Floor</td> <td>Other</td> </tr> <tr> <td>Table</td> <td></td> </tr> </table>	Ceiling	Wall	WHOLE HOUSE	Floor	Other	Table		Comment	ONLY NEED QUANTITY FOR REPLACEMENT					
Ceiling	Wall	WHOLE HOUSE													
Floor	Other														
Table															
Lamp Type	Standard Flood Other														
Quantity	<input type="text"/>	Use Hours / Day	<input type="text" value="6"/>												
Watts	<input type="text"/>														

Existing Incandescent Lighting		Replacement Compact Fluorescent Lighting													
Light Code	<input type="text"/>	CF Watts	<input type="text"/>												
Room	<table border="0"> <tr> <td>Kitchen</td> <td>Dining Room</td> <td>Other</td> </tr> <tr> <td>Family Room</td> <td>Bedroom</td> <td></td> </tr> <tr> <td>Living Room</td> <td>Bathroom</td> <td></td> </tr> <tr> <td>Rec Room</td> <td>Utility</td> <td></td> </tr> </table>	Kitchen	Dining Room	Other	Family Room	Bedroom		Living Room	Bathroom		Rec Room	Utility		Additional Costs (\$)	<input type="text"/>
Kitchen	Dining Room	Other													
Family Room	Bedroom														
Living Room	Bathroom														
Rec Room	Utility														
Location	<table border="0"> <tr> <td>Ceiling</td> <td>Wall</td> </tr> <tr> <td>Floor</td> <td>Other</td> </tr> <tr> <td>Table</td> <td></td> </tr> </table>	Ceiling	Wall	Floor	Other	Table		Comment							
Ceiling	Wall														
Floor	Other														
Table															
Lamp Type	Standard Flood Other														
Quantity	<input type="text"/>	Use Hours / Day	<input type="text"/>												
Watts	<input type="text"/>														

Existing Incandescent Lighting		Replacement Compact Fluorescent Lighting													
Light Code	<input type="text"/>	CF Watts	<input type="text"/>												
Room	<table border="0"> <tr> <td>Kitchen</td> <td>Dining Room</td> <td>Other</td> </tr> <tr> <td>Family Room</td> <td>Bedroom</td> <td></td> </tr> <tr> <td>Living Room</td> <td>Bathroom</td> <td></td> </tr> <tr> <td>Rec Room</td> <td>Utility</td> <td></td> </tr> </table>	Kitchen	Dining Room	Other	Family Room	Bedroom		Living Room	Bathroom		Rec Room	Utility		Additional Costs (\$)	<input type="text"/>
Kitchen	Dining Room	Other													
Family Room	Bedroom														
Living Room	Bathroom														
Rec Room	Utility														
Location	<table border="0"> <tr> <td>Ceiling</td> <td>Wall</td> </tr> <tr> <td>Floor</td> <td>Other</td> </tr> <tr> <td>Table</td> <td></td> </tr> </table>	Ceiling	Wall	Floor	Other	Table		Comment							
Ceiling	Wall														
Floor	Other														
Table															
Lamp Type	Standard Flood Other														
Quantity	<input type="text"/>	Use Hours / Day	<input type="text"/>												
Watts	<input type="text"/>														

Client Name:

Client ID:

Alt. Client ID:

# Itemized Costs

Measure Name	<input type="text"/>		Comment
Cost (\$)	<input type="text"/>	Include in SIR? <input checked="" type="checkbox"/>	<input type="text"/>
Material	<input type="text"/>		
<del>Annual Energy Savings</del>	<del>Units</del>	<del>Fuel Saved</del>	
<del>Life (years)</del>	<del>kWh</del>	<del>Primary Heating Fuel</del>	<del>Electric</del>
	<del>MMBtu</del>	<del>Water Heating Fuel</del>	<del>Propane</del>
	<del>Therms</del>	<del>Natural Gas</del>	<del>Wood</del>
		<del>Oil</del>	<del>Coal</del>
		<del>Kerosene</del>	<del>Other</del>

Measure Name	<input type="text"/>		Comment
Cost (\$)	<input type="text"/>	Include in SIR? <input checked="" type="checkbox"/>	<input type="text"/>
Material	<input type="text"/>		
<del>Annual Energy Savings</del>	<del>Units</del>	<del>Fuel Saved</del>	
<del>Life (years)</del>	<del>kWh</del>	<del>Primary Heating Fuel</del>	<del>Electric</del>
	<del>MMBtu</del>	<del>Water Heating Fuel</del>	<del>Propane</del>
	<del>Therms</del>	<del>Natural Gas</del>	<del>Wood</del>
		<del>Oil</del>	<del>Coal</del>
		<del>Kerosene</del>	<del>Other</del>

Measure Name	<input type="text"/>		Comment
Cost (\$)	<input type="text"/>	Include in SIR? <input checked="" type="checkbox"/>	<input type="text"/>
Material	<input type="text"/>		
<del>Annual Energy Savings</del>	<del>Units</del>	<del>Fuel Saved</del>	
<del>Life (years)</del>	<del>kWh</del>	<del>Primary Heating Fuel</del>	<del>Electric</del>
	<del>MMBtu</del>	<del>Water Heating Fuel</del>	<del>Propane</del>
	<del>Therms</del>	<del>Natural Gas</del>	<del>Wood</del>
		<del>Oil</del>	<del>Coal</del>
		<del>Kerosene</del>	<del>Other</del>

Measure Name	<input type="text"/>		Comment
Cost (\$)	<input type="text"/>	Include in SIR? <input checked="" type="checkbox"/>	<input type="text"/>
Material	<input type="text"/>		
<del>Annual Energy Savings</del>	<del>Units</del>	<del>Fuel Saved</del>	
<del>Life (years)</del>	<del>kWh</del>	<del>Primary Heating Fuel</del>	<del>Electric</del>
	<del>MMBtu</del>	<del>Water Heating Fuel</del>	<del>Propane</del>
	<del>Therms</del>	<del>Natural Gas</del>	<del>Wood</del>
		<del>Oil</del>	<del>Coal</del>
		<del>Kerosene</del>	<del>Other</del>

Notes :

## Itemized Costs (Continued)

Client Name:	<input type="text"/>
Client ID:	<input type="text"/>
Alt. Client ID:	<input type="text"/>

<b>Measure Name</b>	<input type="text"/>		<b>Comment</b>
<b>Cost (\$)</b>	<input type="text"/>	<b>Include in SIR?</b> <input checked="" type="checkbox"/>	
<b>Material</b>	<input type="text"/>		
<del>Annual Energy Savings</del>	<del>Units</del>	<del>kWh MMBtu Therms</del>	<del>Fuel Saved</del>
<del>Life (years)</del>	<del><input type="text"/></del>	<del><input type="text"/></del>	<del>Primary Heating Fuel Water Heating Fuel Natural Gas Oil</del>
			<del>Electric Propane Wood Coal</del>
			<del>Kerosene Other</del>

<b>Measure Name</b>	<input type="text"/>		<b>Comment</b>
<b>Cost (\$)</b>	<input type="text"/>	<b>Include in SIR?</b> <input checked="" type="checkbox"/>	
<b>Material</b>	<input type="text"/>		
<del>Annual Energy Savings</del>	<del>Units</del>	<del>kWh MMBtu Therms</del>	<del>Fuel Saved</del>
<del>Life (years)</del>	<del><input type="text"/></del>	<del><input type="text"/></del>	<del>Primary Heating Fuel Water Heating Fuel Natural Gas Oil</del>
			<del>Electric Propane Wood Coal</del>
			<del>Kerosene Other</del>

<b>Measure Name</b>	<input type="text"/>		<b>Comment</b>
<b>Cost (\$)</b>	<input type="text"/>	<b>Include in SIR?</b> <input checked="" type="checkbox"/>	
<b>Material</b>	<input type="text"/>		
<del>Annual Energy Savings</del>	<del>Units</del>	<del>kWh MMBtu Therms</del>	<del>Fuel Saved</del>
<del>Life (years)</del>	<del><input type="text"/></del>	<del><input type="text"/></del>	<del>Primary Heating Fuel Water Heating Fuel Natural Gas Oil</del>
			<del>Electric Propane Wood Coal</del>
			<del>Kerosene Other</del>

<b>Measure Name</b>	<input type="text"/>		<b>Comment</b>
<b>Cost (\$)</b>	<input type="text"/>	<b>Include in SIR?</b> <input checked="" type="checkbox"/>	
<b>Material</b>	<input type="text"/>		
<del>Annual Energy Savings</del>	<del>Units</del>	<del>kWh MMBtu Therms</del>	<del>Fuel Saved</del>
<del>Life (years)</del>	<del><input type="text"/></del>	<del><input type="text"/></del>	<del>Primary Heating Fuel Water Heating Fuel Natural Gas Oil</del>
			<del>Electric Propane Wood Coal</del>
			<del>Kerosene Other</del>

**Notes :**

Client Name:	<input type="text"/>
Client ID:	<input type="text"/>
Alt. Client ID:	<input type="text"/>