

TREAT DATA COLLECTION FORM

Contractor

Company Name		Technician Name (Last, First)		
Office Address		City	State	Zip
Office Phone		Cell Phone	Date	

Homeowner

Name (Last, First)		Phone Number		
Address		City	Zip	
Electric Utility	Account #	Gas Utility	Account #	

I. General Info

Year built: _____
 Number of bedrooms: _____
 Number of occupants: _____
 Number of stories: _____
 Attached home? Yes No

Conditioned Sq. Footage: _____
 Avg. ceiling height of typ. room: _____

Exterior wall color:
 Light Medium Dark White
 Roof Color:
 Light Medium Dark White

Level of shielding:
 1. **None:** No obstructions or local shielding
 2. **Light:** Few obstructions, few trees, or small shed
 3. **Moderate:** Thick hedge or one neighboring house within 30 ft.
 4. **Typical suburban:** Building or trees within 30 ft. in most directions
 5. **Typical downtown:** Large obstructions surrounding perimeter within 30 ft.

Fuel(s) used _____

Identify any major complaints the homeowner has about the performance of the house. Relevant information may include temperature, humidity, moisture, air quality, draftiness, uneven heating/cooling, poor insulation, mold or mildew, etc.

II. Foundation and Attic

Indicate foundation type:

- Slab-on-grade Conditioned basement Unconditioned basement
 Vented crawlspace Unvented crawlspace

Depth below grade, if applicable: _____

Indicate type of attic:

- Vented Unvented None

III. Thermal Envelope

<p>Thermal envelope walls: Describe framing: (e.g. Gyp. board on 2x6, 16" O.C)</p> <p>Insulation type and amount: (e.g. 5.5" fiberglass insulation)</p> <p>Approximate R-value:</p>	
<p>Thermal envelope ceiling: Describe framing: (e.g. Gyp. board on 2x8, 16" O.C)</p> <p>Insulation type and amount: (e.g. 7.25" cellulose insulation)</p> <p>Approximate R-value:</p> <p>Location:</p>	<input type="checkbox"/> Attic <input type="checkbox"/> 1 st or 2 nd story
<p>Thermal envelope floor: Describe framing or construction: (e.g. carpet w/ pad, 4" concrete)</p> <p>Insulation type and amount: (e.g. 2" XPS)</p> <p>Approximate R-value:</p> <p>Location:</p>	<input type="checkbox"/> Basement <input type="checkbox"/> Main floor <input type="checkbox"/> Crawlspace floor
<p>Foundation walls above grade (for crawlspaces and basements): Describe framing or construction:</p> <p>Insulation type and amount:</p> <p>Approximate R-value:</p>	
<p>Foundation walls below grade (for crawlspaces and basements): Describe framing or construction:</p> <p>Insulation type and amount:</p> <p>Approximate R-value:</p>	

IV. Doors

REMEMBER: Sliding Glass Doors are entered as Windows

IF REPLACING WINDOWS OR DOORS: please complete more comprehensive description on the last page.

Space	Height	Width	U-value	Description	Facing N/S/E/W	Quantity
Basement						
1 st floor						
2 nd floor						

V. Windows

Does homeowner use window shades in summer? Yes No

Provide information for the **default** window found in the house. You may either select the most common window type found in the home, or indicate a default window based upon the average of all windows in the home.

Space	Glazing	Frame	Operation Fixed/Operable	Size (W" X H")	Facing N/S/E/W	Quantity
Basement						
1 st floor						
2 nd floor						

VI. Infiltration

Total Infiltration of Heated Area:

CFM50 _____

VII. Thermostats

How many thermostats? _____

Where are they located? _____

Are they programmable? Yes No if No, average temperature of area controlled Heating: _____
Cooling: _____

If programmable, average temperature of area controlled

Heating: Occupied _____ Unoccupied _____ Unoccupied hrs per day _____

Cooling: Occupied _____ Unoccupied _____ Unoccupied hrs per day _____

VIII. Fans

X. Duct Inspection

Estimate the percentage of the ductwork running through *unconditioned* spaces on each floor, through the foundation, and through the attic:

	Supply	Return	Space	Supply	Return
Insulation R-value					
Overall leakage at 25Pa (0.1 in)					
Duct pressure (inches of water)					
Total duct surface area (sq. ft)					
XI. Hot Water					

Hot Water Heater(s):

Type: Storage water heater Dedicated boiler w/ storage tank Heat pump water heater
 Space-heating boiler w/ storage tank Space-heating boiler w/ tankless coil
 Instantaneous water heater

If more than one DHW, enter average input capacity, EF, supply temperature and tank volume

Manufacturer: _____
 Model #: _____
 Fuel: _____
 Tank volume: _____
 Input capacity (Btu/h): _____
 Supply temperature: _____

Additional Insulation R-value: _____
 Location: _____
 Number of heaters: _____
 Year: _____
 Thermal recovery efficiency: _____
 Energy factor: _____

Hot water piping:

% of piping running through conditioned space: _____
 % of piping running through unconditioned space: _____

Is piping insulated? Yes No
 Insulation R-value: _____

Blower Door Testing XVI. Test-in/test-out data

Test-in date: Test-out date:

Blower door test results (CFM₅₀ or ACH?):
 Test-in: Test-out:

Duct leakage:
 Test-in: Test-out:

XII. Appliances

Refrigerator:

Year: _____
Cubic feet: _____
Location: _____
ENERGY STAR: Yes No
Check one: Manual defrost Auto defrost
Check one: Top freezer Side freezer

Year: _____
Cubic feet: _____
Location: _____
ENERGY STAR: Yes No
Check one: Manual defrost Auto defrost
Check one: Top freezer Side freezer

Separate Freezer:

Year: _____
Cubic feet: _____
Check one: Chest Upright
Check one: Manual defrost Auto Defrost
Check one ENERGY STAR: Yes No

Dishwasher:

1994 or older Typical 2000 model ENERGY STAR Other: _____

Clothes Washer: (Be sure to note any unusually high or low usage)

Location: _____
Year: _____
ENERGY STAR: Yes No

Clothes Dryer:

Year: _____
Fuel: Electric Natural Gas Propane
Is the dryer properly vented: Yes No
If Natural Gas or Propane, CO: _____

Kitchen: Number of stoves _____
Fuel: Electric Natural Gas Propane
Number of ovens _____
Oven separate: Yes No Fuel: Electric Natural Gas Propane
If Natural Gas or Propane, Oven CO: _____

Dehumidifier: Yes No Details ___

Humidifier: Yes No Details ___

Air Cleaner: Yes No Details ___

Aquarium: Yes No Details ___

Water Bed: Yes No Details ___

Pool, etc.: Yes No
Pool Heater: Details ___

Recirculating Motor Details: ___

Hot Tub: Yes No Details _____

Please list other high energy use devices, the fuel involved and the details of their use.

Lighting:

Please estimate the quantity of each type of light bulb in the home:

Space	60 Watt	75 Watt	100 Watt	150 Watt	CFL
Basement					
1 st Floor					
2 nd Floor					

XIII. Combustion Safety

Heating		Water Heating	
Base Pressure (CAZ):		Base Pressure (CAZ):	
Worst Case Depressurization (CAZ):		Worst Case Depressurization (CAZ):	
CAZ Ambient CO: (ppm)		CAZ Ambient CO: (ppm)	
Primary Heating System Spillage: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	CO PPM:	DHW: Spillage: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	CO PPM:
Secondary Heating System Spillage: <input type="checkbox"/> Pass <input type="checkbox"/> Fail Note any gas leaks:	CO PPM:	Note any gas leaks:	
Primary Heating System Draft:		DHW Draft:	
Secondary Heating System Draft:		Orphaned: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Issues to be addressed:	

Annual expenditure for Electricity _____
 Annual expenditure for Heating/DHW fuels _____

Electric bill(s) attached? Yes No
 Fuel bill(s) attached? Yes No

