Energy Audit Questions

1. Are you the homeowner?
2. What year was the home built?
3. Number of occupants?
4. Age of heating system?
5. Age of cooling system?
6. Heating: Day thermostat setting.
7. Heating: Night thermostat setting.
8. Cooling: Day thermostat setting.
9. Cooling: Night thermostat setting.
10. Number of water heaters & temp.
11. Number of loads of laundry per week?
12. Number of dishwasher loads per week?
13. How many hours of television & radio per day?
14. Does house have water well?

Miscellaneous

1. Note ceiling fans.
2. Note type of refrigerator and if there's a freezer.
3. Note any outdoor lighting.
4. Note any remodeling or room additions affecting heating/cooling.
5. Note if garage is heated and if it's insulated.
6. Note any drapes, blinds or window treatments.
7. Note if house has a pool or hot tub and length or pump run time.
8. Note any knee wall area in the home and approx. square footage.

RESIDENTIAL ENERGY AND LOAD ANALYSIS

INPUT DATA

Oklahoma Cooperative Extension Service, Oklahoma State University

Version W-1

Name _____

Account Number _____

Auditor _____

County Number _____

Enter 99 to input heating degree days and cooling hours at runtime.

Total Living Area (sq. ft.): _____

Type Home

___One Story ___Split Level

___Two Story ___Mobile Home

Additional Heat Gains (Btu/Hr): _____

Number of Occupants _____

Primary Energy - Heating:

___Natural Gas ___Electric

___L.P. Gas ___Wood ___Oil

Heating Energy Cost (decimal): _____

Natural Gas - $/mcf Wood - $/cord

L.P. Gas - $/gal Oil - $/gal

Electric - $/KWh

Type of Heating System:

___Heat Pump ___Woodburning Stove

___Central Furnace ___GSHP with Desuperheater

___Floor/Wall Furnace ___Ground Source Heat Pump

___Room Heaters

Age of Heating System (years) _____

Percent of Home Heated _____

Type of Cooling System:

___Electric Central ___Gas Central

___Electric Window. ___None

Age of Cooling System (years) _____

Percent of Home Cooled _____

Cooling Energy Cost ($/Unit) (decimal) _____

AFUE/HSPF _____

SEER _____

Present Thermostat Setting - Day Heating _____

Present Thermostat Setting - Night Heating _____

Present Thermostat Setting - Day Cooling _____

Present Thermostat Setting - Night Cooling _____

Winter Indoor Design Temperature _____

Winter Outdoor Design Temperature _____

Summer Indoor Design Temperature _____

Summer Outdoor Design Temperature _____

Number of Water Heaters _____

_____ _____ Type of Water Heater

_____ _____ Water Temperature

_____ _____ Gallons of Hot Water per Day

_____ _____ Energy Cost ($/unit) (decimal)

_____ _____ R-value.

Type of Water Heater

___Natural. Gas ___Nat. Gas/Desuperheater

___L. P. Gas ___L.P. Gas/Desuperheater

___Electric ___Electric/Desuperheater

Average Hot Water Use

Family Size	GPD
1	20
2	40
3	55
4	70
5	85

Number of Ceiling Groups _____

_____ _____ Ceiling Area (Sq. Ft.)

_____ _____ Existing Insulation R-Value

_____ _____ Proposed Insulation R-Value

Roof Color: ___Dark ___Light

WINDOWS

Type	Orientation	Glazing	Shading	Area
Window				
Window				
Window				
Window				
Window				
Window				

WALLS

Type	Orientation	Exist R-V	Prop. R-V	Area

Type

Frame Walls — Brick Veneer Walls — Basement Walls
Masonry Walls — Knee-Walls

Orientation

North — Southeast/Southwest
South — East/West
Northeast/Northwest — Horizontal Skylight

Glazing

Single — Heat Absorbing Double
Double — Triple

Shading

None — Roller Shades
Drapes or Blinds — Awnings

Infiltration Condition:

___None - Below grade walls with no windows
___Good - Tight fitting storm windows and doors, caulked & weatherstripped
___Fair - Average fit, partially caulked & weatherstripped
___Poor - No caulking or weatherstripping

Exterior Doors without Storms (Sq. Ft.) _____

R-Value of Exterior Doors without Storms _____

Exterior Doors with Storms (Sq. Ft.) _____

R-Value of Exterior Doors with Storms _____

Perimeter Length of Home (Linear Feet) _____

Supply Duct Location:

___None
___Slab
___Attic
___Crawl Space
___Conditioned Space
___Comb.: Slab Attic
___Comb.: Slab Cond. Space
___Comb.: Crawl Sp. Attic
___Comb.: Crawl Sp. Cond. Sp.
___Comb.: Attic Cond. Space
___Comb.: Slab-Crawl Sp.

Supply Duct Insulation:

___N/A ___1 Inch
___None ___2 Inch

Number of Floor Groups _____

_____ _____ Type of Floor.

_____ _____ Area of Floor (Sq. Ft.).

_____ _____ Existing R-value .

_____ _____ Proposed R-value.

Type

___Slab
___Frame over Basement
___Frame over Accessible Crawl Space
___Frame over Inaccessible Crawl Space
___Frame over Garage
___Frame over Carport
___Mobile Home with Skirting
___Mobile Home without Skirting

Is garage heated? ___N/A ___Yes ___No

Is basement heated? ___N/A ___Yes ___No

Lighting (kWh) _____

Refrigerator (kWh) _____

Freezer (kWh) _____

Range type ___Electric ___Gas ___Propane

Range Quantity (kWh, mcf or gal) _____

Dryer type ___Electric ___Gas ___Propane

Dryer Quantity (kWh, mcf or gal) _____

Home Entertainment (TV etc.) (kWh) _____

Well Pump, etc. (kWh) _____

Base Load Electric Rate ($/kWh) _____

WINDOWS DOWNSTAIRS

NORTH( )____X____SG DB( )____X____SG DB
SOUTH( )____X____SG DB( )____X____SG DB
EAST ( )____X____SG DB( )____X____SG DB
WEST ( )____X____SG DB( )____X____SG DB

WINDOWS UPSTAIRS

NORTH( )____X____SG DB ( )____X____SG DB
SOUTH( )____X____SG DB ( )____X____SG DB
EAST ( )____X____SG DB ( )____X____SG DB
WEST ( )____X____SG DB ( )____X____SG DB

DOORS-W/ STORM Y/N

NORTH( )____X____YN
SOUTH( )____X____YN
EAST ( )____X____YN
WEST ( )____X____YN

Windows:
N S E/W

Walls:
N S E/W

Total Sqft:

Perimeter:

Comments: