



NJ Home Performance Assessment Summary Report

Customer Name: _____ Customer Phone (home): _____
 Customer Address: _____ Customer Phone (work/cell): _____
 City _____ State _____ Zip _____ Inspection Date: _____
 Customer Email: _____ Home Performance Auditor: _____

Your Home Performance Assessment identifies opportunities to improve the performance of your home based on our analysis. This report summarizes the findings, prioritizes recommended improvements, and helps you determine the best improvements for your home.

Priority	Findings on Existing Conditions	Recommendations for Improvements																																																								
Building Envelope Evaluation	Air Sealing Blower door test: _____ cfm50 BAS/ Tightness std: _____ cfm50 Leakage pathways observed: <input type="checkbox"/> Attic floor <input type="checkbox"/> Attic access <input type="checkbox"/> Attached garage <input type="checkbox"/> Recessed lights <input type="checkbox"/> Crawlspace <input type="checkbox"/> Basement band joint <input type="checkbox"/> Other: _____	Air Seal the following leakage pathways: <input type="checkbox"/> Top plates in attic <input type="checkbox"/> Attic floor penetrations <input type="checkbox"/> Chimney/ flue chase <input type="checkbox"/> Attic hatch/ pull down <input type="checkbox"/> Garage penetrations <input type="checkbox"/> BSMT/ Crawl penetrations <input type="checkbox"/> Weather-strip: <input type="checkbox"/> doors <input type="checkbox"/> windows <input type="checkbox"/> hatches <input type="checkbox"/> outlets <input type="checkbox"/> Recessed lights: <input type="checkbox"/> covers <input type="checkbox"/> inserts <input type="checkbox"/> new housings																																																								
	Duct Sealing Duct leakage observed at: OR <input type="checkbox"/> No ducts in unconditioned space <input type="checkbox"/> Main trunk connections <input type="checkbox"/> Branch line connections <input type="checkbox"/> Duct disconnects/ failures at: _____ <input type="checkbox"/> Duct insulation (unconditioned space) R— _____	<input type="checkbox"/> Duct sealing with mastic <input type="checkbox"/> Duct insulation R— _____ <input type="checkbox"/> Air flow balancing <input type="checkbox"/> Include duct blaster test for leakage to outside <input type="checkbox"/> Repair or reconnect ducts <input type="checkbox"/> Add return(s)																																																								
	<table border="1"> <thead> <tr> <th></th> <th>Existing Insulation Type</th> <th>Existing R-Value</th> <th>NJ Recommends</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Attic floor</td> <td>_____</td> <td>R— _____</td> <td>R-38+</td> </tr> <tr> <td><input type="checkbox"/> Kneewalls</td> <td>_____</td> <td>R— _____</td> <td>R-11</td> </tr> <tr> <td><input type="checkbox"/> Above grade walls</td> <td>_____</td> <td>R— _____</td> <td>R-11</td> </tr> <tr> <td><input type="checkbox"/> Floor <i>(over unconditioned)</i></td> <td>_____</td> <td>R— _____</td> <td>R-19</td> </tr> <tr> <td><input type="checkbox"/> Rim joists</td> <td>_____</td> <td>R— _____</td> <td>R-10</td> </tr> <tr> <td><input type="checkbox"/> Crawl walls</td> <td>_____</td> <td>R— _____</td> <td>R-10</td> </tr> <tr> <td><input type="checkbox"/> Basement walls</td> <td>_____</td> <td>R— _____</td> <td>R-10</td> </tr> </tbody> </table>		Existing Insulation Type	Existing R-Value	NJ Recommends	<input type="checkbox"/> Attic floor	_____	R— _____	R-38+	<input type="checkbox"/> Kneewalls	_____	R— _____	R-11	<input type="checkbox"/> Above grade walls	_____	R— _____	R-11	<input type="checkbox"/> Floor <i>(over unconditioned)</i>	_____	R— _____	R-19	<input type="checkbox"/> Rim joists	_____	R— _____	R-10	<input type="checkbox"/> Crawl walls	_____	R— _____	R-10	<input type="checkbox"/> Basement walls	_____	R— _____	R-10	Insulate in following locations: <table border="1"> <thead> <tr> <th></th> <th>Add R-Value</th> <th>Inches of Insulation to add:</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Attic floor</td> <td>R— _____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Kneewalls</td> <td>R— _____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Above grade walls</td> <td>R— _____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Floor <i>(over unconditioned)</i></td> <td>R— _____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Rim joists</td> <td>R— _____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Crawl walls</td> <td>R— _____</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Basement walls</td> <td>R— _____</td> <td>_____</td> </tr> </tbody> </table>		Add R-Value	Inches of Insulation to add:	<input type="checkbox"/> Attic floor	R— _____	_____	<input type="checkbox"/> Kneewalls	R— _____	_____	<input type="checkbox"/> Above grade walls	R— _____	_____	<input type="checkbox"/> Floor <i>(over unconditioned)</i>	R— _____	_____	<input type="checkbox"/> Rim joists	R— _____	_____	<input type="checkbox"/> Crawl walls	R— _____	_____	<input type="checkbox"/> Basement walls	R— _____	_____
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Windows & Doors Windows pane: <input type="checkbox"/> Single <input type="checkbox"/> Single w/ storm <input type="checkbox"/> Double <input type="checkbox"/> Double w/ Low-E Windows frame: <input type="checkbox"/> Wood <input type="checkbox"/> Vinyl <input type="checkbox"/> Metal Doors condition: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Replace windows with Energy Star U-value ≤ 0.35 <input type="checkbox"/> Add storm windows to single pane <input type="checkbox"/> Replace _____ door(s) with insulated door minimum R-4.4 <input type="checkbox"/> No recommendations at this time																																																									
Mechanical Equip. Evaluation Space Heating Main heating system is a: <input type="checkbox"/> Furnace <input type="checkbox"/> Boiler <input type="checkbox"/> Heat pump System efficiency is ≈ _____ Age / Year _____ Condition: <input type="checkbox"/> Good <input type="checkbox"/> Service Needed <input type="checkbox"/> Replace Programmable thermostat: <input type="checkbox"/> Yes <input type="checkbox"/> No 2nd heating system is a: <input type="checkbox"/> Furnace <input type="checkbox"/> Boiler <input type="checkbox"/> Heat pump System efficiency is ≈ _____ Age / Year _____ Condition: <input type="checkbox"/> Good <input type="checkbox"/> Service Needed <input type="checkbox"/> Replace Programmable thermostat: <input type="checkbox"/> Yes <input type="checkbox"/> No	Main heating system: <input type="checkbox"/> Replace with new _____ rated efficiency <input type="checkbox"/> Clean & adjust blower <input type="checkbox"/> Check & adjust airflow <input type="checkbox"/> No recommendations at this time 2nd heating system: <input type="checkbox"/> Replace with new _____ rated efficiency <input type="checkbox"/> Clean & adjust blower <input type="checkbox"/> Check & adjust airflow <input type="checkbox"/> No recommendations at this time																																																									

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Mechanical Equipment Eval (cont)	Space Cooling Main cooling system is: <input type="radio"/> Central <input type="radio"/> Room <input type="radio"/> Mini-Split System efficiency is \approx _____ Age / Year _____ Condition: <input type="radio"/> Good <input type="radio"/> Service needed <input type="radio"/> Replace Programmable thermostat <input type="radio"/> Yes <input type="radio"/> No 2nd cooling system is: <input type="radio"/> Central <input type="radio"/> Room <input type="radio"/> Mini-Split System efficiency is \approx _____ Age / Year _____ Condition: <input type="radio"/> Good <input type="radio"/> Service needed <input type="radio"/> Replace Programmable thermostat <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Replace Main cooling system with _____ SEER system <input type="radio"/> Clean & adjust blower <input type="radio"/> Check & adjust charge <input type="radio"/> Clean coils inside/outside <input type="radio"/> Fix/replace condensate line <input type="radio"/> No recommendations at this time <input type="radio"/> Replace 2nd cooling system with _____ SEER system <input type="radio"/> Clean & adjust blower <input type="radio"/> Check & adjust charge <input type="radio"/> Clean coils inside/outside <input type="radio"/> Fix/replace condensate line <input type="radio"/> No recommendations at this time
	Water Heating Water heating system is a <input type="radio"/> Standard Tank <input type="radio"/> Power vent <input type="radio"/> Indirect <input type="radio"/> On-demand Estimated efficiency is \approx _____ Age/ Year _____ Condition: <input type="radio"/> Good <input type="radio"/> Replace	<input type="radio"/> Replace water heating system with new _____ rated efficiency <input type="radio"/> Pipe insulation <input type="radio"/> Insulation jacket <input type="radio"/> Other: _____ <input type="radio"/> No recommendations at this time
Baseload	Appliances Refrigerator Age: _____ <input type="radio"/> Standard <input type="radio"/> Energy Star Dishwasher Age: _____ <input type="radio"/> Standard <input type="radio"/> Energy Star Clothes Washer Age: _____ <input type="radio"/> Standard <input type="radio"/> Energy Star Other _____ <input type="radio"/> Standard <input type="radio"/> Energy Star	<input type="radio"/> Replace with ENERGY STAR refrigerator <input type="radio"/> Replace with ENERGY STAR dishwasher <input type="radio"/> Replace with ENERGY STAR clothes washer <input type="radio"/> Install ENERGY STAR CFL bulbs in high-use fixtures
Health, Safety & Durability	Combustion Appliance Testing CAZ Worst Case Depressurization _____ Pa. <input type="radio"/> Pass <input type="radio"/> Fail _____ <u>Spillage Tests</u> <u>CO Tests</u> _____ <u>Draft Tests</u> _____ Heating #1: <input type="radio"/> Pass <input type="radio"/> Fail <input type="radio"/> Pass <input type="radio"/> Fail _____ PPM <input type="radio"/> Pass <input type="radio"/> Fail Heating #2: <input type="radio"/> Pass <input type="radio"/> Fail <input type="radio"/> Pass <input type="radio"/> Fail _____ PPM <input type="radio"/> Pass <input type="radio"/> Fail Water Heater: <input type="radio"/> Pass <input type="radio"/> Fail <input type="radio"/> Pass <input type="radio"/> Fail _____ PPM <input type="radio"/> Pass <input type="radio"/> Fail Ambient CO in living space <input type="radio"/> Pass <input type="radio"/> Fail _____ PPM Oven CO test <input type="radio"/> Pass <input type="radio"/> Fail _____ PPM Gas or oil leaks detected <input type="radio"/> No <input type="radio"/> Yes CO Monitor <input type="radio"/> No <input type="radio"/> Yes Heating / Hot water system venting issues <input type="radio"/> No <input type="radio"/> Yes Description: _____ _____	<input type="radio"/> No Recommendations at this time <input type="radio"/> We strongly recommend the following course of action(s): _____ _____ _____ _____ <input type="radio"/> Fix fuel leaks at: _____ <input type="radio"/> Install low-level CO monitor <input type="radio"/> Fix venting issues at: _____ _____ _____
	Moisture Locations with signs of moisture: <input type="radio"/> Window <input type="radio"/> Sill plate <input type="radio"/> Walls <input type="radio"/> Crawl/Basement <input type="radio"/> Roof <input type="radio"/> Soffits <input type="radio"/> Attic <input type="radio"/> Interior: _____ <input type="radio"/> Other: _____	<input type="radio"/> Add attic ventilation <input type="radio"/> Replace/fix roof <input type="radio"/> Re-grade around foundation <input type="radio"/> Add gutters <input type="radio"/> Install sump pump <input type="radio"/> Extend down spouts <input type="radio"/> Other: _____
	Exhaust Ventilation Improperly vented, non-operable, or needs ventilation: <input type="radio"/> Master Bath <input type="radio"/> 2nd Bath <input type="radio"/> 3rd Bath <input type="radio"/> Range hood <input type="radio"/> Dryer <input type="radio"/> Laundry room <input type="radio"/> Basement <input type="radio"/> Crawl Space <input type="radio"/> Other: _____	<input type="radio"/> Properly vent exhaust fan(s) <input type="radio"/> Replace/install exhaust fan <input type="radio"/> Properly vent clothes dryer <input type="radio"/> Install E-Star de-humidifier <input type="radio"/> Add/ Install humidistat/ timer <input type="radio"/> Other: _____
Comments: 		
I understand that the above recommendations do not constitute a binding contract proposal. I am interested in receiving such a proposal as a next step. Customer Signature _____ Date: _____		