

**Maine Weatherization Assistance Program
Diagnostic Field Form**

Name:		Job #:		Initial Audit Date:	
				Final Insp. Date:	
House Data					
Square Footage of Conditioned Space:			sq ft	Number of Stories:	
				Number of Occupants:	
				Number of Smokers & Pets:	
Number of Woodstoves/Fireplaces:					
Number of Bedrooms:				Year Built:	
Notes:					
Mechanical Ventilation Information					
Kitchen	Operable Window:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Continious	<input type="checkbox"/> Intermitent	<input type="checkbox"/> N/A
Bath 1	Operable Window:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Continious	<input type="checkbox"/> Intermitent	<input type="checkbox"/> N/A
Kitchen Exhaust Fan:			Bath Exhaust Fan:		
Measured Exhaust Fan Flow Rate:			CFM	Measured Exhaust Fan Flow Rate:	
				CFM	
Kitchen Volume:			cu. ft.		
Bath 2	Operable Window:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Continious	<input type="checkbox"/> Intermitent	<input type="checkbox"/> N/A
Bath 3	Operable Window:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Continious	<input type="checkbox"/> Intermitent	<input type="checkbox"/> N/A
Bath Exhaust Fan:			Bath Exhaust Fan:		
Measured Exhaust Fan Flow Rate:			CFM	Measured Exhaust Fan Flow Rate:	
				CFM	
Pressure Diagnostics Photos					
Blower Door Audit:			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
				Blower Door Inspection:	
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
Duct Pressure Pan Testing Audit			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
				Duct Pressure Pan Testing Inspection:	
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	
Zonal Pressure Diagnostics Audit:			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
				Zonal Pressure Diagnostics Inspection:	
				<input type="checkbox"/> Yes	
				<input type="checkbox"/> No	

Maine Weatherization Assistance Program

Pressure Testing

Client Name:

Job #:

Blower Door

Vermiculite Present: Yes No

Friable Asbestos Present: Yes No

Test Period	Location	Ring (Open, A, B or C)	Fan Pressure	CFM ₅₀
Initial Audit			pa	
In Progress 1			pa	
In Progress 2			pa	
In Progress 3			pa	
Final Inspection			pa	

Zonal Pressure Diagnostics (WRT Indoors)

Pre-test	Post-test
Building Pressure	pa
Attic	pa
Unconditioned Basement/Crawlspace	pa
Attached Garage	pa
Initial Auditor (Print Name)	Initial Audit Date
Target CFM ₅₀	CFM ₅₀ (must match target used in the computerized audit)

Duct Pressure Pan Testing

#	Location	Initial	Final	#	Location	Initial	Final
1		pa	pa	7		pa	pa
2		pa	pa	8		pa	pa
3		pa	pa	9		pa	pa
4		pa	pa	10		pa	pa
5		pa	pa	11		pa	pa
6		pa	pa	12		pa	pa

Room to Room Pressure Diagnostics

Location	Initial	Final
	pa	pa
	pa	pa
	pa	pa
	pa	pa
	pa	pa
	pa	pa
	pa	pa
	pa	pa

**Maine Weatherization Assistance Program
Mechanical Systems Audit Form**

Name:		Job #:		Date:	
General Heating System Information					
Manufacturer:			Serial No:		
Model No.:			Input: kBtu	Output: kBtu	
Heating System Type: <input type="checkbox"/> Forced Air <input type="checkbox"/> Space Htr. <input type="checkbox"/> Boiler <input type="checkbox"/> Radiant Htr. <input type="checkbox"/> Unvented Gas <input type="checkbox"/> Other:					
Existing System Type: <input type="checkbox"/> Atmospherically Drafting <input type="checkbox"/> Fan Assisted Draft <input type="checkbox"/> Direct Vent <input type="checkbox"/> Other:					
Primary Fuel Type: <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Wood <input type="checkbox"/> Other:					
Secondary Fuel Type: <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Wood <input type="checkbox"/> Other:					
Is Heating System Working? <input type="checkbox"/> Yes <input type="checkbox"/> No			Cracked Heat Exchanger <input type="checkbox"/> Yes <input type="checkbox"/> No		
High Carbon Monoxide <input type="checkbox"/> Yes <input type="checkbox"/> No			Clean and Tune Needed <input type="checkbox"/> Yes <input type="checkbox"/> No		
Gas Leaks <input type="checkbox"/> Yes <input type="checkbox"/> No			Designed Heat Rise Range: °F to °F		
Venting Problems: <input type="checkbox"/> Yes <input type="checkbox"/> No			Heat Rise Test Results:		
Ductwork Holes: <input type="checkbox"/> Yes <input type="checkbox"/> No			Adequate Combustion Air <input type="checkbox"/> Yes <input type="checkbox"/> No		
Diagnostic Photos Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No					
General Air Conditioning and Heat Pump Information					
Manufacturer:			Serial No:		
Model No.:			SEER*:	HSPF (for heat pumps):	
Cooling Output: kBtu		Heat Pump Heating Output: kBtu		Yr. Manufactured:	
Type: <input type="checkbox"/> Central Air Conditioner <input type="checkbox"/> Room Air Conditioner <input type="checkbox"/> Air Source Heat Pump <input type="checkbox"/> Geothermal Heat Pump <input type="checkbox"/> No AC					
Model Plate Photos Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No					
General Water Heater Information					
Manufacturer:			Serial No:		
Model No.:			Gallons:	Tank Leak: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fuel Type: <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Heat Pump <input type="checkbox"/> Other:					
Venting: <input type="checkbox"/> Orphaned (No Liner) <input type="checkbox"/> Orphaned (with Liner) <input type="checkbox"/> Commonly Vented <input type="checkbox"/> Power Vented <input type="checkbox"/> N/A (Electric)					
Comments					

**Maine Weatherization Assistance Program
Baseload Replacement and Ventilation Audit Form**

Name:	Job #:	Date:
Existing Refridgerator, Dryer, Range and Other		
Manufacturer:	Serial No:	
Model No.:	Type:	
Style:		
<i>Available Space Dimensions</i>	Height (in):	Width (in):
		Depth (in):
Manufacturer:	Serial No:	
Model No.:	Type:	
Manufacturer:	Serial No:	
Model No.:	Type:	
Manufacturer:	Serial No:	
Model No.:	Type:	
Existing Incandescent & CFL Lighting		
Number of Bulbs:	Size (watts):	Use (hrs/day):
Number of Bulbs:	Size (watts):	Use (hrs/day):
Number of Bulbs:	Size (watts):	Use (hrs/day):
Number of Bulbs:	Size (watts):	Use (hrs/day):
Number of Bulbs:	Size (watts):	Use (hrs/day):
Photos		
Photos Taken of All Model Tags <input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments		