

Home Energy Savings Program

Assessment Checklist – Submit with HESP and LIHESP Claim Forms



Customer Name:		Street Address:	
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SECTION 1. Vendor Checklist

Please complete and sign the following section. Do not leave any item blank.

GENERAL BUILDING INFORMATION			
Year built:		Living space:	sq ft
		Historic District	Y <input type="checkbox"/> N <input type="checkbox"/>
Circle if observed:	Asbestos	Vermiculite	Lead Mold Water Damage Other
Notes:			
AIR SEALING OPPORTUNITIES	Y/N/NA	Completed?	Priority (1, 2, or 3)
Attic chases			
Attic hatch/door			
Attached garage			
Basement walls/rim joists			
Other – description:			
INSULATION	Present R-value	Potential R-value	
Attic flat			
Attic slopes			
Attic knee walls			
Exterior walls			
Basement rim joists			
Basement walls			
Other – description:			
HEATING SYSTEM			
Present system type/fuel:			
Upgrade recommendation(s): Heat pump <input type="checkbox"/> Other:			
WATER HEATING SYSTEM			
Present water heating system type/fuel:			
Upgrade recommendation(s): Heat pump water heater <input type="checkbox"/> Other:			
REQUIRED TEST/INSPECTION RESULTS	Pre-Upgrade	Post-Upgrade	
Blower door test (CFM@50 Pa)*			
BPI combustion safety testing	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/>	
Corrective action required	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
Carbon monoxide detector present	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	
*Blower door pre & post is required unless BPI recommends against (mold, asbestos, vermiculite, etc.). Please state safety concern observed in the notes.			
Notes:			
Acknowledgement. I have assessed the above items and have shared this assessment checklist with the homeowner.			
Registered Vendor Signature:		Date:	
Printed Name:		Company:	

SECTION 2. Homeowner Acknowledgement and Signature

Acknowledgement. I understand the information presented in this assessment checklist and have had the opportunity to ask questions.			
Homeowner Signature:		Date:	