# Exhibit E

## Georgia Weatherization Assistance Program Assessment Form

| | | |
|---|---|---|
| Date: | Job Number: | Auditor: |
| Customer Name: | | |
| Address: | | |
| City, ZIP | County: | Phone |
| Directions: | | |

| | | | |
|---|---|---|---|
| Dwelling Type: MOBILE HOME ☐ SINGLE FAMILY ☐ MULTIFAMILY ☐ | | | Number of Occupants: |
| Sq. Ft: | Ceiling Height: | Volume (Sq ft x Ceil. Ht.): | Outdoor Temp: |

SUMMARY

## HEALTH & SAFETY

### OCCUPANT HEALTH

| | | |
|---|---|---|
| Client health issues prohibit Blower Door testing* | Y ☐ | N ☐ |
| Client health issues prohibit attic and/or wall insulation* | Y ☐ | N ☐ |
| Client health issues prohibit two part form insulation* | Y ☐ | N ☐ |
| *Documentation of occupant health issue should be kept in client file | | |

### COMBUSTION SAFETY - APPLIANCE 1

| Appliance Type: | | Fuel Type: | | | | Location: | | | |
|---|---|---|---|---|---|---|---|---|---|
| Spillage | | | | Draft | | | | CO | |
| Worst Case | | Natural | | Worst Case | | Natural | | Worst Case | Natural |
| seconds | | seconds | | PA | | PA | | PPM | PPM |
| PASS ☐ | FAIL ☐ | PASS ☐ | FAIL ☐ | PASS ☐ | FAIL ☐ | PASS ☐ | FAIL ☐ | PASS ☐ FAIL ☐ | PASS ☐ FAIL ☐ |
| Ambient CO: PPM | | Gas Leaks: Y ☐ N ☐ | | If yes, where? | | | | | |
| Comments: | | | | | | | | | |

### COMBUSTION SAFETY - APPLIANCE 2

| Appliance Type: | | Fuel Type: | | | | Location: | | | |
|---|---|---|---|---|---|---|---|---|---|
| Spillage | | | | Draft | | | | CO | |
| Worst Case | | Natural | | Worst Case | | Natural | | Worst Case | Natural |
| seconds | | seconds | | PA | | PA | | PPM | PPM |
| PASS ☐ | FAIL ☐ | PASS ☐ | FAIL ☐ | PASS ☐ | FAIL ☐ | PASS ☐ | FAIL ☐ | PASS ☐ FAIL ☐ | PASS ☐ FAIL ☐ |
| Ambient CO: PPM | | Gas Leaks: Y ☐ N ☐ | | If yes, where? | | | | | |
| Comments: | | | | | | | | | |

### COMBUSTION SAFETY - APPLIANCE 3

| Appliance Type: | | Fuel Type: | | | | Location: | | | |
|---|---|---|---|---|---|---|---|---|---|
| Spillage | | | | Draft | | | | CO | |
| Worst Case | | Natural | | Worst Case | | Natural | | Worst Case | Natural |
| seconds | | seconds | | PA | | PA | | PPM | PPM |
| PASS ☐ | FAIL ☐ | PASS ☐ | FAIL ☐ | PASS ☐ | FAIL ☐ | PASS ☐ | FAIL ☐ | PASS ☐ FAIL ☐ | PASS ☐ FAIL ☐ |
| Ambient CO: PPM | | Gas Leaks: Y ☐ N ☐ | | If yes, where? | | | | | |
| Comments: | | | | | | | | | |

**GAS COOK TOP**

| | Operational | CO PPM | CO PASS/FAIL | CLEAN/REPAIR/REPLACE |
|---|---|---|---|---|
| Front Left | Y ☐ N ☐ | PPM | PASS ☐ FAIL ☐ | CLEAN ☐ REPAIR ☐ REPLACE ☐ |
| Front Right | Y ☐ N ☐ | PPM | PASS ☐ FAIL ☐ | CLEAN ☐ REPAIR ☐ REPLACE ☐ |
| Rear Left | Y ☐ N ☐ | PPM | PASS ☐ FAIL ☐ | CLEAN ☐ REPAIR ☐ REPLACE ☐ |
| Rear Right | Y ☐ N ☐ | PPM | PASS ☐ FAIL ☐ | CLEAN ☐ REPAIR ☐ REPLACE ☐ |
| Oven | Y ☐ N ☐ | PPM | PASS ☐ FAIL ☐ | CLEAN ☐ REPAIR ☐ REPLACE ☐ |

**UNVENTED SPACE HEATER**

| | |
|---|---|
| Is unvented space heater used as primary heat? Y ☐ N ☐ | How many in dwelling? |
| May any be used as secondary heat source (per DOE Guidance)? | Y ☐ N ☐ |
| How many must be removed prior to weatherization? | |
| Comments: | |

**ELECTRICAL**

| ELECTRIC BOX | MANUFACTURER | BOX SIZE | COVER | TYPE | LOCATION |
|---|---|---|---|---|---|
| Main Panel | | amps | Y ☐ N ☐ | | |
| Sub Panel | | amps | Y ☐ N ☐ | | |
| Is there knob and tube wiring? Y ☐ N ☐ | | Is there exposed or deteriorated wiring? | | Y ☐ N ☐ | |
| Comments: | | | | | |

**DETECTORS**

| | EXISTING | OPERATIONAL | INSTALL | LOCATIONS |
|---|---|---|---|---|
| Smoke | Y ☐ N ☐ | Y ☐ N ☐ | Y ☐ N ☐ | |
| CO | Y ☐ N ☐ | Y ☐ N ☐ | Y ☐ N ☐ | |
| Comments: | | | | |

**EXHAUST VENTS**

| VENT TYPE | | OPERATIONAL | VENTED OUTSIDE | CFM | COMMENTS |
|---|---|---|---|---|---|
| Dryer Vent | NONE ☐ | Y ☐ N ☐ | Y ☐ N ☐ | | |
| Kitchen Exhaust | NONE ☐ | Y ☐ N ☐ | Y ☐ N ☐ | | |
| Bath Exhaust 1 | NONE ☐ | Y ☐ N ☐ | Y ☐ N ☐ | | |
| Bath Exhaust 2 | NONE ☐ | Y ☐ N ☐ | Y ☐ N ☐ | | |
| Other: | NONE ☐ | Y ☐ N ☐ | Y ☐ N ☐ | | |

**LEAD PAINT EVALUATION - Pre 1978 dwellings**

| | | | | |
|---|---|---|---|---|
| Visible exterior inspection indicates possible lead paint deterioration existing: Y ☐ N ☐ | | | | |
| Visible interior inspection indicates possible lead paint deterioration existing: Y ☐ N ☐ | | | | |
| Areas suspected | WALLS Y ☐ N ☐ | WINDOWS Y ☐ N ☐ | CEILING Y ☐ N ☐ | DOORS Y ☐ N ☐ |
| Based on weatherization measures to be installed, will LSW be required? Y ☐ N ☐ | | | | |
| Does current condition of paint require that the home be deferred until resolved? Y ☐ N ☐<br>***Photo documentation required if home is deferred due to presence of lead based paint | | | | |
| Comments: | | | | |

**MOLD & MOISTURE**

Check all areas that show signs of excessive moisture or evidence of mold growth (and odor):

| | |
|---|---|
| ☐ Living/Family Room | ☐ Laundry Room |
| ☐ Bedrooms | ☐ Combustion Appliance Zone |
| ☐ Bathrooms | ☐ Attic |
| ☐ Kitchen | ☐ Garage |

Comments:

## DIAGNOSTIC TESTING

**BLOWER DOOR**

| | | |
|---|---|---|
| CFM 50 | Ring: | House Pressure: |
| Comments: | | |

**ZONAL PRESSURES**

| ZONE | PA |
|---|---|
| Main Attic | |
| Secondary Attic | |
| Crawlspace/Basement | |
| Garage | |
| | |
| | |
| | |

Depressurize house to -50 PA WRT outside. Readings under 45 PA indicate a leak between living space and the zone.

**CAZ**

| Establish Worst Case Depressurization | LOCATION 1: | LOCATION 2: | LOCATION 3: |
|---|---|---|---|
| 1. Baseline test (int. doors open, exhaust appliances off) | PA | PA | PA |
| 2. Turn on all exhaust appliances | PA | PA | PA |
| 3. Turn on all air handler fans | PA | PA | PA |
| 4. Close/open int. doors to make CAZ go most negative | PA | PA | PA |
| 5. Close/open door to CAZ to make it go negative | PA | PA | PA |
| 6. Record worst case depressurization | PA | PA | PA |

## Priority List

**AIR SEALING** **Note all areas that require air sealing, use site plan to specify location**

| | | | |
|---|---|---|---|
| Attic: | ☐ Top plates to drywall | ☐ Chimney/flue chase | ☐ Balloon frame wall cavaties |
| | ☐ Wire penetrations | ☐ Closet drop ceiling | ☐ Can lights |
| | ☐ HVAC chase | ☐ Soffit drop ceiling | ☐ Attic access |
| | ☐ Plumbing chase | ☐ Electrical junction boxes | ☐ Ductwork |
| Floor: | ☐ Bottom plates to foundation | ☐ HVAC chase | ☐ Flue chase |
| | ☐ Wire penetrations | ☐ Plumbing penetrations | ☐ Balloon frame wall cavaties |
| | ☐ Ductwork | | |
| Walls: | ☐ Window perimeter | ☐ Light fixtures | ☐ Door threshhold |
| | ☐ Plumbing penetrations | ☐ Door weatherstripping | |
| Other: | | | |
| Note any minor repairs required: | | | |

**ATTIC INSULATION - Main Attic**

| Area: Sq Ft | Existing Insulation Type: | Existing Thickness: inches |
|---|---|---|
| Attic Access Location: | Knob & Tube Wiring? Y☐ N☐ | Water Leaks? Y☐ N☐ |
| Insulation Dams required? Y☐ N☐ | | |
| Net Free Ventilation Area (NFVA) - Calculate 1 Sq Ft ventilation per 300 Sq Ft attic area | | |
| Attic Area/300: | Recommended Ventilation: | |
| Existing NFVA: | | |
| Required Add'l Ventilation: | | |
| Comments: | | |

**ATTIC INSULATION - Secondary Attic**

| | | |
|---|---|---|
| Area: Sq Ft | Existing Insulation Type: | Existing Thickness: inches |
| Attic Access Location: | Knob & Tube Wiring? Y ☐ N ☐ | Water Leaks? Y ☐ N ☐ |
| Insulation Dams required? Y ☐ N ☐ | | |
| Net Free Ventilation Area (NFVA) - Calculate 1 Sq Ft ventilation per 300 Sq Ft attic area | | |
| Attic Area/300: | Recommended Ventilation: | |
| Existing NFVA: | | |
| Required Add'l Ventilation: | | |
| Comments: | | |

**SIDEWALL INSULATION - Site Built Only**

| | Wall 1 | Wall 2 | Wall 3 | Wall 4 |
|---|---|---|---|---|
| Existing Insulation Type | | | | |
| Existing Insulation R-Value | | | | |
| Do walls require repair? | Y ☐ N ☐ | Y ☐ N ☐ | Y ☐ N ☐ | Y ☐ N ☐ |
| Can sidewall be dense-packed? | Y ☐ N ☐ | Y ☐ N ☐ | Y ☐ N ☐ | Y ☐ N ☐ |
| Existing moisture damage? | Y ☐ N ☐ | Y ☐ N ☐ | Y ☐ N ☐ | Y ☐ N ☐ |
| Wall area to be insulated | Y ☐ N ☐ | Y ☐ N ☐ | Y ☐ N ☐ | Y ☐ N ☐ |

| | | |
|---|---|---|
| Framing Type: Balloon ☐ Platform ☐ | Wall Cavity Width: | Type of Siding: |
| Infrared Camera used to inspect sidewalls? Y ☐ N ☐ | | |
| Comments: | | |

**HEATING AND COOLING**

| | | |
|---|---|---|
| Primary Heating Unit Description: | | |
| Location: | Type of Fuel: | Unit Type: FORCED AIR ☐ SPACE HEATER ☐ |
| Mfgr: | Model No: | Filter Size: |
| Rated BTU Input: | Rated BTU Output: | |
| Vented Properly: Y ☐ N ☐ | If no, describe: | |
| Adequate Combustion Air?: Y ☐ N ☐ | If no, how much is needed?: | |
| Overall Condition: GOOD ☐ REPAIR ☐ REPLACE ☐ | | |
| Comments: | | |

| Secondary Heating Unit Description: | | | |
|---|---|---|---|
| Location: | Type of Fuel: | Unit Type: FORCED AIR ☐ | SPACE HEATER ☐ |
| Mfgr: | Model No: | Filter Size: | |
| Rated BTU Input: | Rated BTU Output: | | |
| Vented Properly: Y ☐ N ☐ | If no, describe: | | |
| Adequate Combustion Air?: Y ☐ N ☐ | If no, how much is needed?: | | |
| Overall Condition: GOOD ☐ REPAIR ☐ REPLACE ☐ | | | |
| Comments: | | | |

Window Air Conditioner

| Room Location | Mfgr | BTU Output | EER or Year | Cooling Only | Reverse Cycle | Dirty Coils |
|---|---|---|---|---|---|---|
| | | | | Y ☐ N ☐ | Y ☐ N ☐ | Y ☐ N ☐ |
| | | | | Y ☐ N ☐ | Y ☐ N ☐ | Y ☐ N ☐ |
| | | | | Y ☐ N ☐ | Y ☐ N ☐ | Y ☐ N ☐ |
| Comments: | | | | | | |

**DUCTWORK & PRESSURE PAN**

| RETURN/SUPPLY | ROOM | PA | DUCT LOCATION | DUCT TYPE | INSULATION |
|---|---|---|---|---|---|
| | | | | | Y ☐ N ☐ |
| | | | | | Y ☐ N ☐ |
| | | | | | Y ☐ N ☐ |
| | | | | | Y ☐ N ☐ |
| | | | | | Y ☐ N ☐ |
| | | | | | Y ☐ N ☐ |
| | | | | | Y ☐ N ☐ |
| | | | | | Y ☐ N ☐ |
| | | | | | Y ☐ N ☐ |
| Comments: | | | | | |

**REFRIGERATOR**

| | | |
|---|---|---|
| Brand Name: | Model No: | Cubic Ft: |
| Type Side by Side ☐ Top Freezer ☐ Bottom Freezer ☐ | Door Hinge Left Side ☐ Right Side ☐ | |
| Metering - 24 hour: kWh/year | Metering - 2 hour: kWh/year | Approx. Age: |
| Comments: | | |

**WATER HEATER**

| | | | |
|---|---|---|---|
| Location: | Fuel Type: | Size: gal | Measured Temp: |
| Condition of flue pipe? GOOD ☐ REPAIR ☐ REPLACE ☐ | | Can tank be insulated? Y ☐ N ☐ | |
| Can hot water line be insulated? Y ☐ N ☐ | | Can cold water line be insulated? Y ☐ N ☐ | |
| Is combustion air needed? (min. 50c.f. per 1000 Btu) ☐ Y ☐ N | | If yes, how much? | |
| Comments: | | | |