INITIAL AUDIT - OBSERVATION FORM

Site Visit Information			
Date:		Subgrantee:	
Client Name:			
Building Address:	City:	State:	ZIP Code:
Subgrantee Energy Auditor Present:		State QCI Present:	

YES = Completed/ Correct **NO =** Not Completed / Incorrect **N/A =** Not Applicable to Project

Note: Mandatory items (marked with *) must be completed during the energy audit. If a mandatory item cannot be completed, an explanation as to why it was skipped must be provided in the notes section.

	Pre-Visit	YES	NO	N/A
1	Auditor has required client information and forms*	☐	☐	☐
2	All equipment required for the audit is present and functional*	☐	☐	☐
3	Auditor explains purpose of the visit to the homeowner and obtains permissions*	☐	☐	☐

	Health & Safety	YES	NO	N/A
1	Auditor completed a full H&S walkthrough completed*	☐	☐	☐
2	Auditor checked combustion safety (CO, draft, spillage)*	☐	☐	☐
3	Auditor assessed potential electrical hazards (e.g., knob and tube, unsafe wiring, etc.)*	☐	☐	☐
4	Auditor located and tested smoke/CO detectors*	☐	☐	☐
5	Auditor identified deferral issues (e.g., asbestos, mold, moisture, lead based paint, etc.) if present or suspected to be present	☐	☐	☐
6	Auditor documented all identified hazards with photos and notes	☐	☐	☐

	Building Envelope	YES	NO	N/A
1	Auditor inspected attic, walls, basement, and crawlspace(s)*	☐	☐	☐
2	Auditor measured and recorded insulation levels*	☐	☐	☐
3	Auditor identified air leakage sites*	☐	☐	☐
4	Auditor assessed windows, doors, and penetrations*	☐	☐	☐
5	Auditor took photos and notes of building envelope*	☐	☐	☐

	Moisture & IAQ	YES	NO	N/A
1	Auditor identified moisture sources*	☐	☐	☐
2	Auditor assessed ventilation and moisture*	☐	☐	☐
3	Auditor documented signs of mold/IAQ issues	☐	☐	☐

Connecticut
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Environmental Protection

Connecticut Weatherization Assistance Program
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	Mechanical Systems	YES	NO	N/A
1	Auditor evaluated heating/cooling/water heating equipment*	☐	☐	☐
2	Auditor checked ductwork condition and insulation*	☐	☐	☐
3	Auditor assessed ventilation adequacy*	☐	☐	☐
4	Auditor properly completed CAZ testing*	☐	☐	☐
5	Auditor recorded all readings*	☐	☐	☐

	Diagnostic Testing	YES	NO	N/A
1a	Auditor correctly set up and completed blower door test*	☐	☐	☐
1b	Auditor accurately described how to set up and complete the test. (Only applicable if a blower test cannot be completed during the initial audit).	☐	☐	☐
2a	Auditor completed duct pressurization (site built) or duct blaster (manufactured homes) test*	☐	☐	☐
2b	Auditor accurately described how to set up and complete the test. (Only applicable if duct pressurization or duct blaster testing cannot be completed during the initial audit).	☐	☐	☐
3	Auditor recorded diagnostic results*	☐	☐	☐
4	Auditor appropriately used infrared (if used)	☐	☐	☐

	Appliances & Lighting	YES	NO	N/A
1	Auditor checked appliances for eligibility*	☐	☐	☐
2	Auditor documented lighting*	☐	☐	☐

	Communication & Conduct	YES	NO	N/A
1	Auditor explains findings clearly*	☐	☐	☐
2	Auditor did not give inappropriate guarantees or guidance to the client(s)*	☐	☐	☐
3	Auditor had professional and respectful interactions with client(s)*	☐	☐	☐

	Documentation	YES	NO	N/A
1	Auditor completed the data collection form*	☐	☐	☐
2	Auditor's measurements, photos, and notes are consistent with observations*	☐	☐	☐
3	Subgrantee Energy Auditor has recorded data for the energy model*	☐	☐	☐

Notes/ Findings

Last Modified: 2/23/2026