



Standard Offer Program 2018 Field Data Collection Form

Insulation Only

Residential
Hard-to-Reach

Date: _____ **Customer ID #:** _____ **Phone:** _____

Project Sponsor: _____ **Email Address:** _____

Customer Name: _____ **Service address:** _____ **Apt #:** _____

City: _____ **Zip:** _____ **County:** _____

ESI ID: _____

Meter #: _____

Home Phone: _____ **Cell/Work Phone:** _____

Building Type: Single family detached Duplex Apartment: Upper Lower Middle

Mobile home: _____

Number of stories: _____ **Sq. Ft. of Conditioned Space:** _____

Number of bedrooms: _____ **Number of occupants:** _____

Heating type: Gas/Propane Electric Resistance Heat Pump

Cooling type: Central AC Heat Pump Window Units Evaporative Cooling

Water Heating Type: Electric Gas/Propane Gas Appliances: Yes No

Attic Insulation *Project Sponsor affirms that an insulation installation certificate was permanently affixed near the attic opening*

Insulation Type : None Loose-fill fiberglass Loose-fill cellulose
Loose-fill mineral fiber Fiberglass/rock wool batt

Square feet of ceiling to be insulated (above conditioned space): _____ **Number of bags installed:** _____

Insulation Condition: Good Fair Poor

Base R-value of existing insulation: _____ **Pre install insulation depth ("):** _____

Post installation R-value: _____ **Post install insulation depth ("):** _____

Wall Insulation

Net wall area (gross wall area less window and door area), sq.ft.: _____

Construction Type: 2 X 4 2 X 6

Floor Insulation

Area above unconditioned space to be insulated, sq. ft.: _____

Home Type: Site built Manufactured

Notes: _____
