

Jenergy Inspections, Inc.



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Ekotrope Compliance Report Items Needed List

Fill out all items as applicable

Billing/Contact Info. (Name to appear on invoice)

Contact Name: _____ Contact Phone: _____
Company Name: _____ Office Phone: _____
Street Address: _____ City: _____ Zip Code: _____
State: _____

Site/Project Info.

Owner's Name: _____ Owner's Phone: _____
Site Address: _____ City: _____
State: _____ Zip Code: _____ County: _____
Estimated Construction start date: _____ Estimated Completion date: _____
Type of project (New single-family, townhouses, apartments, etc.)

EnergyStar Version 3.1 required information

Is this an affordable development? YES/NO
Utility Company, Electricity _____ Cost per unit (kw/h) _____
Utility Company, Natural Gas/Propane _____ Cost per unit (cubic ft.) _____
Is home to be electrical vehicle ready? YES/NO
Dishwasher, Model# _____ Wattage _____ Efficiency Factor _____
Refrigerator, Model# _____ Wattage _____
Oven, Model# _____ Wattage _____

Stove/Range, Model# _____ Wattage _____

Clothes Washer/Dryer, fuel type: propane, natural gas, electric

Water Heater type (storage, on demand) _____ fuel type (gas, electric)

capacity _____ gallons

Will Low-Flow faucets/shower heads be used? YES/NO

Hot water recirculation system? YES/NO

Drain water heat recovery system? YES/NO

HVAC equipment, Condensing Unit, Model# _____ SEER _____

Coil/Air handler, Model# _____, SEER _____

Heating type Gas furnace/Heat pump, Model# _____, SEER/AFUE _____

Thermostat, Brand _____ Model# _____

Bathroom Exhaust Fans Model# _____ Wattage _____

Fresh air supply fan Brand _____ Model# _____ Wattage _____

CFM _____

ERV (Energy Recovery Ventilator), Model# _____ Wattage _____ CFM

Interior Lighting % Fluorescent _____ % LED _____

Exterior Lighting % Fluorescent _____ % LED _____

Garage Lighting % Fluorescent _____ % LED _____

Have a FULL set of construction documents been provided? YES/NO

Number of HVAC systems? _____

R-value of wall insulation _____, Type of insulation (fiberglass batts, spray foam, etc.)

R-value of ceiling/floor insulation ____/____, Type of insulation (fiberglass, spray foam, etc.)

What type of windows will be used? Brand _____ Model# _____ U-factor

_____ SHGC _____

What is the color of shingles? Light/medium/dark

What is primary color of exterior paint? Light/medium/dark

Is overall square footage shown on plans? YES/NO

Indoor airPLUS Program ONLY

What type of splash protection will be provided in the event no gutters are installed?

Are finish (flooring) materials provided for each room on plans? YES/NO

Will all openings i.e. soffit vents be provided with screens?

No air-handlers/ductwork installed in garage.

Minimum MERV8 air filter to be provided and no ozone generators allowed in home.
Temporary filters must be used to prevent dust in ductwork during construction.

Identify combustible appliance type: Masonry heater/Factory-built wood-burning
fireplace/Wood stove/Pellet stove/Natural gas/propane fireplace

Appliance model name/number: _____

Carbon monoxide alarms installed in each sleeping zone and common hallways per NFPA720.

Multi-family buildings: Smoking restrictions implemented AND ETS transfer pathways
minimized.

Attached garage: Door closer installed on all connecting doors.

All composite wood products certified low-emission. Provide specs.

All paints and finishes certified low-emission. Provide specs.

HVAC systems and ductwork verified to be dry and clean AND new filter installed.

Home ventilated before occupancy.

Equipment manuals, Indoor airPLUS label, and certificate provided for owner/occupant.