

ACCA Manual J, D, S, Data Collection Form

Builder Information:

Company: _____ Contact: _____
Street: _____ City: _____ State: _____ Zip: _____
Office #: _____ Cell: _____ Fax: _____
Email Address: _____

Insulation Contractor:

Company: _____ Contact: _____
Office #: _____ Cell: _____ Fax: _____
Email Address: _____

HVAC Contractor:

Company: _____ Contact: _____
Street: _____ City: _____ State: _____ Zip: _____
Office #: _____ Cell: _____ Fax: _____
Email Address: _____

Window Contractor:

Company: _____ Contact: _____
Office #: _____ Cell: _____ Fax: _____
Email Address: _____

Door Contractor:

Company: _____ Contact: _____
Office #: _____ Cell: _____ Fax: _____
Email Address: _____



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Subject Property Information

Property Information:

Remodel / Renovation Year Original Home was Built _____
 Custom Home Production Home Townhouse: End Unit
 Duplex Single Family, Detached Middle Unit
 Street: _____ City: _____ State: _____ Zip: _____
 Lot: _____ Block: _____ Subdivision: _____
 Plan Name: _____ Conditioned Sq. Ft.: _____
 Direction front door of home faces: _____

Thermal Envelope:

Location	Insulation Type	R-Value	Inches of Insulation
Sloped Ceiling Insulation			
Cathedralized Insulation (Conditioned Attic/Closed Attic Assy)			
Floored Attic Insulation			
Open Attic Insulation			
Bay Window Ceiling Insulation			
Knee Wall Insulation			
Exterior Wall Continuous Insulation			
Exterior Wall			
Garage Ceiling w Living Area Above			
Cantilever / Porch Ceiling Insulation (w Living Space Above)			
Craw Space Ceiling Insulation			
Craw Space Wall Insulation			
Basement Concrete Wall Insulation			
Basement Ceiling Insulation			
Slab Perimeter Insulation			
Under Slab Insulation			
Tech Shield/Radiant Barrier Roof Decking			
Attic Wall Sheathed on Attic Side			

- | | | |
|---------------------|---------------------|------------------------------------|
| 1. Open Cell Foam | 4. Blown Fiberglass | 7. Structural Insulated Panels |
| 2. Closed Cell Foam | 5. Blown Cellulose | 8. Concrete Insulated Foam |
| 3. Fiberglass Batts | 6. Blown Rockwool | 9. Other: (Specify in Table Above) |

Framing Details:

- Conventional with studs 16" OC 24" OC
- Advanced Framing (*per Energy Star Version 3, (Rev.02) Thermal Enclosure Checklist § 4.4.5*)

- Floor Trusses: Dimensional Lumber – 2x_____ Web Truss – depth _____
- Engineered Truss – depth_____

- Floor Joist: 2x6 2x8 2x10 2x12

- Floor Framing Material: Wood Metal

- Roof Trusses: Engineered Truss – 2x_____ Sitebuilt – 2x_____

- Roof Rafter: 2x4 2x6 2x8 2x10 2x12

- Roof Framing Material: Wood Metal

- Roof Material: Tile Metal Composition Other

Type: _____

- Walls: 2x4 2x6 2x8 2x10

- Wall Framing Material: Wood Metal SIP's Concrete Insulated Forms

External Wall Material: Type: _____

Other: _____ Color: _____

Foundation: (Check all that apply)

- Slab on Grade Slab Perimeter Linear Footage OD Exposed: _____
- Piers / Open Craw Space
- Vented Craw Space
- Unvented Craw Space Conditioned Unconditioned
- Full Basement Conditioned Unconditioned
- Walk-Out Basement Conditioned Unconditioned

- Soil Condition: Soil Dry Soil Moist Soil Wet

Windows:

Glass:

- Single-Paned Metal Frame
- Dual-Pane
- Triple -Pane
- Storm Windows

Glazing:

- Clear Glass
- Low E-Cold Climate Low E
(i.e. Sungate 500)
- Low E2-Hot Climate-
Spectrally Selective

Frame:

- Metal
- Metal-Thermal Break or TIM
- Vinyl or Wood

Gas Filled:

- Argon
- Krypton

Fixed Windows:

U-Value:_____ SHGC:_____

Fixed Windows w Divided Lites:

U-Value:_____ SHGC:_____

Hung & Casement Windows:

U-Value:_____ SHGC:_____

Hung & Casement Windows w Divided Lites:

U-Value:_____ SHGC:_____

Skylights:

U-Value:_____ SHGC:_____ Low E: Yes No Panes: 1 2 3

Dome Flat Clear Reflective Heat Absorbing

Frame:_____

Exterior Doors:

Location	Storms Y or N	Type	U-Value (or R-Value)	SHGC
Front				
Rear				
Side				
To Garage				
French Doors				
Sliding Doors				
Tempered Glass				
Other				

1 3/4" Wood Solid Core
2 1/4" Wood Solid Core
1 3/4" Wood Panel

Steel-Clad, Polyurethane Core & Thermal Break
Other: (specify in table above)

Mechanical Equipment:

(Required for Manual S) (if not know, leave blank)

Mechanical Ventilation: _____

Make/ Model: _____

Duty Cycle: _____ Fan Watts: _____

Programmable Stat: _____

Make/ Model: _____

Summer Thermostat Setting: _____

Winter Thermostat Setting: _____

Equipment:

Water Heater #1: _____ Elect Nat Gas LP Gas Heat pump

Energy Factor (EF): _____ Gallons: _____

Water Heater #2: _____ Elect Nat Gas LP Gas Heat pump

Energy Factor (EF): _____ Gallons: _____

Hydronic Boiler: _____

Energy Factor (EF): _____ Gallons: _____

Air Conditioning #1: _____

Seer: _____ Zone#: _____ Serves: _____ Mfg: _____

Air Conditioning #2: _____

Seer: _____ Zone#: _____ Serves: _____ Mfg: _____

Air Conditioning #3: _____

Seer: _____ Zone#: _____ Serves: _____ Mfg: _____

Furnace #1: _____ Std. Flue PVC Flue PVC Intake

AFUE: _____ Zone#: _____ Serves: _____ Mfg: _____

Furnace #1: _____ Std. Flue PVC Flue PVC Intake

AFUE: _____ Zone#: _____ Serves: _____ Mfg: _____

Furnace #1: _____ Std. Flue PVC Flue PVC Intake

AFUE: _____ Zone#: _____ Serves: _____ Mfg: _____

Correct Air Engineering default for Mechanical Ventilation is Air Cycler @ 8hrs/day, Fan Watts are calculated according to RESNET Home Energy Rating Standards formula for reference home mechanical ventilation fan watts.

Air Source Heat Pump #1: _____ HSPF: _____

Seer: _____ Zone#1: _____ Serves: _____ Mfg: _____

Air Source Heat Pump #1: _____ HSPF: _____

Seer: _____ Zone#1: _____ Serves: _____ Mfg: _____

Air Source Heat Pump #1: _____ HSPF: _____

Seer: _____ Zone#1: _____ Serves: _____ Mfg: _____

Ground Source Heat pump #1: EER: _____ COP: _____ # of Wells: _____

Vert. Depth: _____ Horz. Depth: _____ Mfg: _____

Ground Source Heat pump #2: EER: _____ COP: _____ # of Wells: _____

Vert. Depth: _____ Horz. Depth: _____ Mfg: _____

Ground Source Heat pump #3: EER: _____ COP: _____ # of Wells: _____

Vert. Depth: _____ Horz. Depth: _____ Mfg: _____

Energy Star Labeled: Lights & Appliances

% of Fluorescent Lighting: _____ % of LED Lighting: _____

Refrigerator (kWh/yr): _____ Microwave: _____

Dishwasher Energy Factor (EF): _____ Cloths Dryer Fuel: _____

Oven/ Range Fuel: _____ Ceiling Fan (cfm/Watts): _____ Qty: _____

Comments:

Auxiliary Heating or Cooling Sources:

Device	Room	Hrs/Day	Wattage

(builder info required if remodel or new construction)

Name of Builder: _____ Lic.#: _____

Builders Name: _____ Title: _____

Builders Signature: _____ Date: _____