

Completion Report for ENERGY STAR Modular Home

1. CONTACT INFORMATION

a) Rater primary contact

Company _____ Name _____
 Address _____
 City _____ State _____ Zip _____
 Telephone _____ Email _____

b) Rater field tester (if different from primary contact)

Company _____ Name _____
 Address _____
 City _____ State _____ Zip _____
 Telephone _____ Email _____

c) Factory

Corporate Parent _____
 Plant name _____
 Plant City _____ Plant State _____ Zip _____

d) Builder

Company _____ Name _____
 Address _____
 City _____ State _____ Zip _____
 Telephone _____ Fax _____

e) Homeowner

Name _____
 Telephone _____

f) Home location

Address _____
 City _____ State _____ Zip _____

Was this home tested? Yes No If No, skip to question 4. Conditioned space sq. ft.: _____

2. HOUSE TIGHTNESS (must fill in and check to pass)

a) ACH50. Measured: _____ (must be ≤ 7.0 in CZ 1-2 | ≤ 6.0 in CZ 3-4 | ≤ 5.0 in CZ 5-7 | ≤ 4.0 in CZ 8).....

3. DUCT TIGHTNESS (must fill in and check ONE to pass)

a) Duct leakage to outside at 25 pascals. Measured: _____ (must be ≤ 4 cfm to outdoors / 100 sq. ft.).....

b) All ducts and air handling equipment are in conditioned space and envelope leakage tests at ≤ 3 ACH 50 or ≤ 0.25 cfm 50 per sq. ft. of building envelope.....

4. QUALITY ASSURANCE (QA) LABEL (must check ONE to pass)

a) An SBRA quality assurance (QA) ENERGY STAR Modular Home Label is affixed to the home interior and signed and dated by a factory representative.....

b) This home is one of the factory's initial three certification homes (QA label will be affixed with site label – see below).....

5. RATER EVALUATION (check one)

a) PASSES: No discrepancies were identified.....

b) FAILS: Discrepancies are described on the following sheet.....

Signature of Rater: _____ Date: _____

Complete all applicable items and send with a completed copy of the **Inspection Checklist** for ENERGY STAR Qualified Modular Homes and, if home passes, a check for \$40 (or \$140 if this is one of the initial three factory certification homes) to: **Systems Building Research Alliance**, 2109 Broadway, Suite 200, New York, NY 10023.

DESCRIPTION OF PROBLEMS/DISCREPANCIES AND REMEDIATION ACTIONS

Item number: _____	Discrepancy	_____
	Remediation	_____ _____ _____ _____ _____ _____

Item number: _____	Discrepancy	_____
	Remediation	_____ _____ _____ _____ _____ _____

Item number: _____	Discrepancy	_____
	Remediation	_____ _____ _____ _____ _____ _____

Item number: _____	Discrepancy	_____
	Remediation	_____ _____ _____ _____ _____ _____