

# Residential Data Collection Checklist

2009 International Energy Conservation Code

Climate Zone 2

Building ID: \_\_\_\_\_ Date: \_\_\_\_\_ Name of Evaluator(s): \_\_\_\_\_

Building Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Building Name & Address: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot #: \_\_\_\_\_ Conditioned Floor Area: \_\_\_\_\_ ft<sup>2</sup>

State: \_\_\_\_\_ County: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

Compliance Approach (check all that apply): ☐ Prescriptive ☐ Trade-Off ☐ Performance

Compliance Software Used: \_\_\_\_\_ Green Building/Above-Code Program: \_\_\_\_\_

Building Type: 1- and 2-Family, Detached: ☐ Single Family ☐ Modular ☐ Townhouse

Multifamily: ☐ Apartment ☐ Condominium

Project Type: ☐ New Building ☐ Existing Building Addition ☐ Existing Building Renovation

IECC Section #	Pre-Inspection/Plan Review	Code Value	Verified Value	Complies				Comments/Assumptions <sup>1</sup>
				Y	N	N/O	N/A	
103.2 [PR1] <sup>1</sup>	Construction drawings and documentation available. Documentation sufficiently demonstrates energy code compliance.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
403.6 [PR2] <sup>2</sup>	HVAC loads calculations: Heating system size(s): Cooling system size(s):		kBtu: _____ kBtu: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Comments/Assumptions: \_\_\_\_\_

<sup>1</sup> Use Comments/Assumptions to document code requirements that pass due to exceptions, and specify the exception. Also use Comments/Assumptions to document multiple values observed for a given code requirement, such as multiple equipment efficiencies.  
6/9/2011

Date: \_\_\_\_\_ Name of Evaluator(s): \_\_\_\_\_

Building Name & Address: \_\_\_\_\_ Conditioned Floor Area: \_\_\_\_\_ ft<sup>2</sup>

Building Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Compliance Approach (check all that apply): ☐ Prescriptive ☐ Trade-Off ☐ Performance

Compliance Software Used: \_\_\_\_\_ Green Building/Above-Code Program: \_\_\_\_\_

IECC Section #	Foundation Inspection	Code Value	Verified Value	Complies				Comments/Assumptions
				Y	N	N/O	N/A	
402.1.1 [FO1] <sup>1</sup>	Slab edge insulation R-value.	Unheated: R-0 Heated: R-5	R-____ <input type="checkbox"/> Unheated <input type="checkbox"/> Heated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
303.2, 402.2.8 [FO2] <sup>1</sup>	Slab edge insulation installed per manufacturer's instructions.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.1.1 [FO3] <sup>1</sup>	Slab edge insulation depth/length.	Heated: 2 ft.	____ ft.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.1.1 [FO4] <sup>1</sup>	Basement wall exterior insulation R-value <sup>2</sup> .	R-0	R-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
303.2 [FO5] <sup>1</sup>	Basement wall exterior insulation installed per manufacturer's instructions.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.2.7 [FO6] <sup>1</sup>	Basement wall exterior insulation depth.	N/A	____ ft.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.2.9 [FO7] <sup>1</sup>	Crawl space wall insulation R-value.	R-0	R-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
303.2 [FO8] <sup>1</sup>	Crawl space wall insulation installed per manufacturer's instructions.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.2.9 [FO9] <sup>1</sup>	Crawl space continuous vapor retarder installed with joints overlapped by 6 inches and sealed, and extending at least 6" up the stem wall.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
303.2.1 [FO10] <sup>2</sup>	Exposed foundation insulation protection.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
403.8 [FO11] <sup>2</sup>	Snow melt controls.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Comments/Assumptions: \_\_\_\_\_

<sup>2</sup> Basement insulation is not required in warm-humid locations.  
6/9/2011

Date: \_\_\_\_\_ Name of Evaluator(s): \_\_\_\_\_

Building Name & Address: \_\_\_\_\_ Conditioned Floor Area: \_\_\_\_\_ ft<sup>2</sup>

Building Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Compliance Approach (check all that apply): ☐ Prescriptive ☐ Trade-Off ☐ Performance

Compliance Software Used: \_\_\_\_\_ Green Building/Above-Code Program: \_\_\_\_\_

IECC Section #	Framing / Rough-In Inspection	Code Value	Verified Value	Complies				Comments/Assumptions
				Y	N	N/O	N/A	
402.1.1, 402.3.4 [FR1] <sup>1</sup>	Door U-factor. <sup>3</sup>	U-0.65	U-_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.1.1, 402.3.1, 402.3.3 [FR2] <sup>1</sup>	Glazing U-factor (area-weighted average). <sup>4</sup>	U-0.65 Impact Rated: U-0.75	U-_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.1.1, 402.3.2, 402.3.3, 402.5 [FR3] <sup>1</sup>	Glazing SHGC value, including sunrooms (area-weighted average). <sup>4</sup>	SHGC: 0.3 (0.5 max) <sup>5</sup>	SHGC: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
303.1.3 [FR4] <sup>1</sup>	Glazing labeled for U-factor and SHGC (or default values used).			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.1.1, 402.3.3 [FR5] <sup>1</sup>	Skylight U-factor. <sup>4</sup>	U-0.75	U-_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.1.1, 402.3.3, 402.5 [FR6] <sup>1</sup>	Skylight SHGC value, including sunrooms. <sup>4</sup>	SHGC: 0.3 (0.5 max) <sup>5</sup>	SHGC: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
303.1.3 [FR7] <sup>1</sup>	Skylights labeled for U-factor and SHGC (or default values used).			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.1.1, 402.3.5 [FR8] <sup>1</sup>	Sunroom glazing U-factor.	U-0.65 Impact Rated: U-0.75	U-_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.1.1, 402.3.5 [FR9] <sup>1</sup>	Sunroom skylight U-factor.	U-0.75	U-_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.1.1 [FR10] <sup>1</sup>	Mass wall exterior insulation R-value.	R-4 <sup>6</sup>	R-_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
303.2 [FR11] <sup>1</sup>	Mass wall exterior insulation installed per manufacturer's instructions.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
403.2.1 [FR12] <sup>1</sup>	Duct insulation.	Attic Supply: R-8 Other: R-6	R-_____ R-_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
403.2.2 [FR13] <sup>1</sup>	Duct sealing complies with listed sealing methods.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
403.2.2 [FR14] <sup>1</sup>	Duct tightness via rough-in test. If applicable, verification via post-construction test should be marked N/A.	Across System: 6 cfm No Air Handler:: 4 cfm	_____ cfm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
403.2.3 [FR15] <sup>1</sup>	Building cavities NOT used for supply ducts.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<sup>3</sup> One side-hinged door up to 24 ft<sup>2</sup> can be exempted from the prescriptive door U-factor requirements.<sup>4</sup> Up to 15 ft<sup>2</sup> of glazed fenestration, including skylights, may be exempted from U-factor and SHGC requirements under the prescriptive approach.<sup>5</sup> SHGC mandatory maximum using trade-offs.<sup>6</sup> If more than ½ the insulation is on the interior, mass wall interior insulation requirement applies (R-6).

402.4.5 [FR16] <sup>2</sup>	IC-rated recessed lighting fixtures meet infiltration criteria.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
403.3 [FR17] <sup>2</sup>	HVAC piping insulation.	R-3	R-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
403.4 [FR18] <sup>2</sup>	Circulating hot-water piping insulation.	R-2	R-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
403.5 [FR19] <sup>2</sup>	Dampers Installed on all outdoor Intake and exhaust openings.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.4.4 [FR20] <sup>3</sup>	Glazed fenestration air leakage.	0.3 cfm/ft <sup>2</sup>	____ cfm/ ft <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.4.4 [FR21] <sup>3</sup>	Swinging door air leakage.	0.5 cfm/ft <sup>2</sup>	____ cfm/ ft <sup>2</sup>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.4.4 [FR22] <sup>3</sup>	Fenestration and doors labeled for air leakage.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Comments/Assumptions: \_\_\_\_\_

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Building Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Compliance Approach (check all that apply): ☐ Prescriptive ☐ Trade-Off ☐ Performance

Compliance Software Used: \_\_\_\_\_ Green Building/Above-Code Program: \_\_\_\_\_

IECC Section #	Insulation Inspection	Code Value	Verified Value	Complies				Comments/Assumptions
				Y	N	N/O	N/A	
402.1.1, 402.2.5, 402.2.6 [IN1] <sup>1</sup>	Floor insulation R-value.	Wood: R-13 Steel: <sup>7</sup> See footnote	R-____ <input type="checkbox"/> Wood <input type="checkbox"/> Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
303.2 [IN2] <sup>1</sup>	Floor insulation installed per manufacturer's instructions, and in substantial contact with the subfloor.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.1.1 402.2.5 402.2.4 [IN3] <sup>1</sup>	Wall insulation R-value.	Wood: R-13 Mass: <sup>8</sup> R-6 Steel: <sup>9</sup> See footnote	R-____ <input type="checkbox"/> Wood <input type="checkbox"/> Mass <input type="checkbox"/> Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
303.2 [IN4] <sup>1</sup>	Wall insulation installed per manufacturer's instructions.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.1.1 [IN5] <sup>1</sup>	Basement wall interior insulation R-value.	R-0	R-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
303.2 [IN6] <sup>1</sup>	Basement wall interior insulation installed per manufacturer's Instructions.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.2.7 [IN7] <sup>1</sup>	Basement wall interior insulation depth.	N/A	____ ft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.2.11 [IN8] <sup>1</sup>	Sunroom wall insulation R-value.	R-13	R-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
303.2 [IN9] <sup>1</sup>	Sunroom wall insulation installed per manufacturer's Instructions.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.2.11 [IN10] <sup>1</sup>	Sunroom ceiling insulation R-value.	R-19	R-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
303.2 [F11] <sup>1</sup>	Sunroom ceiling insulation installed per manufacturer's instructions.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.4.2, 402.4.2.1 [IN12] <sup>1</sup>	Air sealing complies with sealing requirements via blower door test. If applicable, verification via visual inspection should be marked N/A.	ACH 50 ≤ 7	ACH 50 = _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
303.1 [IN13] <sup>2</sup>	All installed insulation labeled or installed R-value provided.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.4.1, 402.4.2 [IN14] <sup>3</sup>	Air sealing of all openings and penetrations via visual inspection: <ul style="list-style-type: none"> <li>• Site-built fenestration</li> <li>• Window/door openings</li> <li>• Utility penetrations</li> <li>• Attic access openings</li> </ul> If applicable, verification via blower door should be marked N/A.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<sup>7</sup> Floor steel frame equivalent: R-19 in 2x6 or R-19+R-6 in 2x8 or 2x10<sup>8</sup> If more than ½ the insulation is on the exterior, mass wall exterior insulation requirement applies (R-4).<sup>9</sup> Wall steel frame equivalent: R-13+R-5; R-15+R-4; R-21+R-3; R-0+R-10

402.4.1, 402.4.2 [IN15] <sup>3</sup>	Air sealing of all envelope joints and seams via visual inspection: <ul style="list-style-type: none"> <li>• Dropped ceilings</li> <li>• Knee walls</li> <li>• Assemblies separating garage</li> <li>• Tubs and showers</li> <li>• Common walls between units</li> <li>• Rim joist junctions</li> </ul> If applicable, verification via blower door should be marked N/A.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.4.1, 402.4.2 [IN16] <sup>3</sup>	Air sealing of all other sources of infiltration, including air barrier, via visual inspection. If applicable, verification via blower door should be marked N/A.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Comments/Assumptions: \_\_\_\_\_

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Building Name & Address: \_\_\_\_\_ Conditioned Floor Area: \_\_\_\_\_ ft<sup>2</sup>

Building Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Compliance Approach (check all that apply): ☐ Prescriptive ☐ Trade-Off ☐ Performance

Compliance Software Used: \_\_\_\_\_ Green Building/Above-Code Program: \_\_\_\_\_

IECC Section #	Final Inspection Provisions	Code Value	Verified Value	Complies				Comments/Assumptions
				Y	N	N/O	N/A	
402.1.1 402.2.1 402.2.2 [F1] <sup>1</sup>	Ceiling insulation R-value.	Wood: R-30 Steel Truss <sup>10</sup> Steel Joist <sup>11</sup>	R-____ <input type="checkbox"/> Wood <input type="checkbox"/> Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
303.1.1.1, 303.2 [F12] <sup>1</sup>	Ceiling insulation installed per manufacturer's instructions. Blown insulation marked every 300 ft <sup>2</sup> .			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.2.3 [F13] <sup>1</sup>	Attic access hatch and door insulation.	R-30	R-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
403.2.2 [F14] <sup>1</sup>	Duct tightness via post-construction test. If applicable, verification via rough-in test should be marked N/A.	To Outdoors: 8 cfm Across System: 12 cfm	____ cfm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
403.6 [F15] <sup>1</sup>	Heating and cooling equipment type and capacity as per plans.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
404.1 [F16] <sup>1</sup>	Lighting - 50% of lamps are high efficacy.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
401.3 [F17] <sup>2</sup>	Certificate posted.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.4.3 [F18] <sup>2</sup>	Wood burning fireplace - gasketed doors and outdoor air for combustion.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
403.1.1 [F19] <sup>2</sup>	Programmable thermostats installed on forced air furnaces.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
403.1.2 [F110] <sup>2</sup>	Heat pump thermostat installed on heat pumps.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
403.4 [F111] <sup>2</sup>	Circulating service hot water systems have automatic or accessible manual controls.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
403.9 [F112] <sup>2</sup>	Pool heaters, covers, and automatic or accessible manual controls.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Comments/Assumptions: \_\_\_\_\_

<b>KEY</b>	<sup>1</sup> High Impact (Tier 1)	<sup>2</sup> Medium Impact (Tier 2)	<sup>3</sup> Low Impact (Tier 3)
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<sup>10</sup> Steel truss equivalent: R-38; R-30+R-3; R-26+R-5.<sup>11</sup> Steel joist equivalent: R-38 in 2x4 or 2x6 or 2x8; R-49 in any framing.