

Residential Data Collection Checklist

2009 International Energy Conservation Code

Climate Zone 4 Except Marine

Building ID: _____ Date: _____ Name of Evaluator(s): _____

Building Contact: Name: _____ Phone: _____ Email: _____

Building Name & Address: _____

Subdivision: _____ Lot #: _____ Conditioned Floor Area: _____ ft²

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 ¹
				Y	N	N/O	N/A	
103.2 [PR1] ¹	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] ²	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: _____

¹ 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: _____ ft²

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] ¹	Slab edge insulation R-value.	Unheated: R-10 Heated: R-15	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] ¹	Slab edge insulation installed per manufacturer's instructions.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.1.1 [FO3] ¹	Slab edge insulation depth/length.	2 ft.	____ ft.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.1.1 [FO4] ¹	Basement wall exterior insulation R-value ² .	Continuous: R-10	R-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
303.2 [FO5] ¹	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] ¹	Basement wall exterior insulation depth.	10 ft. or to basement floor	____ ft.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.2.9 [FO7] ¹	Crawl space wall insulation R-value.	Continuous: R-10 Cavity: R-13	R-____ R-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
303.2 [FO8] ¹	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] ¹	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] ²	Exposed foundation insulation protection.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
403.8 [FO11] ²	Snow melt controls.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Comments/Assumptions: _____

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

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Building Name & Address: _____ Conditioned Floor Area: _____ ft²

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] ¹	Door U-factor. ³	U-0.35	U-_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.1.1, 402.3.1, 402.3.3, 402.5 [FR2] ¹	Glazing U-factor (area-weighted average). ⁴	U-0.35 (0.48 max) ⁵	U-_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.1.1, 402.3.2, 402.3.3 [FR3] ¹	Glazing SHGC value, including sunrooms (area-weighted average). ⁴	N/A	SHGC: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
303.1.3 [FR4] ¹	Glazing labeled for U-factor (or default values used).			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.1.1, 402.3.3, 402.5 [FR5] ¹	Skylight U-factor. ⁴	U-0.6 (0.75 max) ⁵	U-_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.1.1, 402.3.3 [FR6] ¹	Skylight SHGC value. ⁴	N/A	SHGC: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
303.1.3 [FR7] ¹	Skylights labeled for U-factor (or default values used).			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.3.5 [FR8] ¹	Sunroom glazing U-factor.	U-0.5	U-_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.3.5 [FR9] ¹	Sunroom skylight U-factor.	U-0.75	U-_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.1.1 [FR10] ¹	Mass wall exterior insulation R-value.	R-5 ⁶	R-_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
303.2 [FR11] ¹	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] ¹	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] ¹	Duct sealing complies with listed sealing methods.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
403.2.2 [FR14] ¹	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] ¹	Building cavities NOT used for supply ducts.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.4.5 [FR16] ²	IC-rated recessed lighting fixtures meet infiltration criteria.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

³ One side-hinged door up to 24 ft² can be exempted from the prescriptive door U-factor requirements.⁴ Up to 15 ft² of glazed fenestration, including skylights, may be exempted from U-factor and SHGC requirements under the prescriptive approach.⁵ U-factor mandatory maximum using trade-offs.⁶ If more than ½ the insulation is on the interior, mass wall interior insulation requirement applies (R-10).

403.3 [FR17] ²	HVAC piping insulation.	R-3	R-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
403.4 [FR18] ²	Circulating hot-water piping insulation.	R-2	R-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
403.5 [FR19] ²	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] ³	Glazed fenestration air leakage.	0.3 cfm/ft ²	____ cfm/ ft ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.4.4 [FR21] ³	Swinging door air leakage.	0.5 cfm/ft ²	____ cfm/ ft ²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.4.4 [FR22] ³	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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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] ¹	Floor insulation R-value.	Wood: R-19 Steel: ⁷ 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] ¹	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] ¹	Wall insulation R-value.	Wood: R-13 Mass: ⁸ R-10 Steel: ⁹ 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] ¹	Wall insulation installed per manufacturer's instructions.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.1.1 [IN5] ¹	Basement wall interior insulation R-value.	Continuous: R-10 Cavity: R-13	R-_____ R-_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
303.2 [IN6] ¹	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] ¹	Basement wall interior insulation depth.	10 ft or to basement floor	_____ ft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.2.11 [IN8] ¹	Sunroom wall insulation R-value.	R-13	R-_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
303.2 [IN9] ¹	Sunroom wall insulation installed per manufacturer's Instructions.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.2.11 [IN10] ¹	Sunroom ceiling insulation R-value.	R-19	R-_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
303.2 [IN11] ¹	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] ¹	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] ²	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] ³	Air sealing of all openings and penetrations via visual inspection: • Site-built fenestration • Window/door openings • Utility penetrations • Attic access openings If applicable, verification via blower			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

⁷ Floor steel frame equivalent: R-19+R-6 in 2x6 or R-19+R-12 in 2x8 or 2x10⁸ If more than ½ the insulation is on the exterior, mass wall exterior insulation requirement applies (R-5).⁹ Wall steel frame equivalent: R-13+R-5; R-15+R-4; R-21+R-3; R-0+R-10

	door should be marked N/A.							
402.4.1, 402.4.2 [IN15] ³	Air sealing of all envelope joints and seams via visual inspection: <ul style="list-style-type: none"> • Dropped ceilings • Knee walls • Assemblies separating garage • Tubs and showers • Common walls between units • Rim joist junctions 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] ³	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: _____

Date: _____ Name of Evaluator(s): _____

Building Name & Address: _____ Conditioned Floor Area: _____ ft²

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 [F11] ¹	Ceiling insulation R-value.	Wood: R-38 ¹⁰ Steel Truss ¹¹ Steel Joist: R-49	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] ¹	Ceiling insulation installed per manufacturer's instructions. Blown insulation marked every 300 ft ² .			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.2.3 [F13] ¹	Attic access hatch and door insulation.	R-38	R-____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
403.2.2 [F14] ¹	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] ¹	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] ¹	Lighting - 50% of lamps are high efficacy.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
401.3 [F17] ²	Certificate posted.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
402.4.3 [F18] ²	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] ²	Programmable thermostats installed on forced air furnaces.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
403.1.2 [F110] ²	Heat pump thermostat installed on heat pumps.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
403.4 [F111] ²	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] ²	Pool heaters, covers, and automatic or accessible manual controls.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Comments/Assumptions: _____

KEY	¹ High Impact (Tier 1)	² Medium Impact (Tier 2)	³ Low Impact (Tier 3)
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¹⁰ R-30 if insulation is not compressed at eaves. R-30 may be used for 500 ft² or 20% (whichever is less) where sufficient space is not available.¹¹ Steel truss equivalent: R-49; R-38+R-3.