



ENERGY STAR® Qualified Modular Homes Modular Home Completion Report

Complete all applicable items and send with a completed copy of the **Inspection Checklist** for ENERGY STAR Qualified Modular Home 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**, 1776 Broadway, Ste 2205, New York, NY 10019.

1. CONTACT INFORMATION

a) Rater primary contact

Company _____ Contact Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Email _____

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

Company _____ Contact Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Email _____

c) Factory

Corporate Parent _____
 Plant Name _____ Contact Name _____
 Plant City _____ State _____ Zip _____
 Phone _____ Fax _____
 Email _____

d) Builder

Company _____ Contact Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____
 Email _____

e) Homeowner

Name _____
 Phone _____

f) Home location

Address _____
 City _____ State _____ Zip _____

Was this home tested? Yes No If No, skip to question 4. **Home ID:** _____

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)

Conditioned sq. ft.: _____

a) Duct leakage to outside at **25 pascals**. Measured: _____ **cfm**.....
 (must be ≤ 4 cfm to outdoors / 100 sq. ft. for national BOP or ≤ 6 cfm to outdoors / 100 sq. ft. for Performance Path)

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 above).....

5. RATER EVALUATION (check ONE)

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

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

Signature of Rater: _____ **Date:** _____

EPA Form 5900-189

The government estimates the average time needed to fill out this form is 0.50 hours and welcomes suggestions for reducing this effort. Send comments (referencing OMB Control Number) to the Director, Collection Strategies Division, U.S. EPA (2822T), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460.

PROBLEMS/DISCREPANCIES AND REMEDIATION ACTIONS

Home ID: _____

Item No.	Discrepancy	_____
_____		_____

	Remediation	_____

Item No.	Discrepancy	_____
_____		_____

	Remediation	_____

Item No.	Discrepancy	_____
_____		_____

	Remediation	_____

Item No.	Discrepancy	_____
_____		_____

	Remediation	_____

Item No.	Discrepancy	_____
_____		_____

	Remediation	_____

