FORMS – HANDOUTS

Following is a list of forms developed by the DCAA for use in the program. The list is organized by function.

Copies of the forms (other than the Excel worksheet forms) are included in this section of the appendix. Forms with an asterisk * indicate that the form is provided by the DCAA as either 2-part or 3-part NCR paper. The current version of all forms is on the State of Iowa Weatherization Members Only web page: https://humanrights.iowa.gov .

The forms are occasionally revised. When that happens, the revised form will be uploaded to the Weatherization website and agencies will be notified of the revision.

Most of the agencies have designed "internal" forms to assist them with their administration of the program. Samples of some of those forms are also on the Iowa Weatherization Program website.

Client/Landlord Consent
Release of Liability Form* (English and Spanish)
Landlord Agreement
Deferral Documentation Form*

Health and Safety
Health and Safety Assessment Findings, Part 1 & 2* (English and Spanish)
Lead Forms
- Paint Notification Forms
  - Form 1 – Renovation Work in a Single Dwelling Unit
  - Form 2 – Emergency Renovation Work in a Single Dwelling Unit
  - Form 3 – Notice to Owner for Renovation in Common Areas of Multi-Family Housing
  - Form 4 – Notice to Residents for Renovation in Common Areas of Multi-Family Housing
- Iowa Weatherization Lead-Safe Report
- Exempt from Lead Safe Renovation Requirements

Asbestos in Homes
Radon in Iowa
Wx Draft/Spillage/CO testing Checklist and Summary Sheet
Ventilation Form
- Instruction Sheet
- Ventilation and Your Home*

Refrigeration Appliances
Refrigeration Appliance Data Sheet
Refrigeration Appliance Vendor Agreement
Client Refrigeration Appliance Agreement*

Approval Requests
Equipment & Vehicles
- Disposal Request
- Replacement/Purchase Request
- User Fee Approval

Fuel Switching Request
Fuel Switching Request Calculations Worksheet
SHPO (State Historical Preservation Office)

- Exempt from SHPO Review
- Request for SHPO Comment
- Instructions for Exempt from SHPO Review, Project Description

Multi-Unit Dwelling Approval Form

- Projects Using NEAT Audit
- Projects Using Audit Other Than NEAT

Approval for Electrical Measures (pilot program to replace knob and tube wiring in homes)
Approval for Additional Insulation Measures – Alliant and Black Hills
Approval for Additional Insulation Measures – MidAmerican

Waiver Requests
$12,000 Expenditure Limit Waiver Request

Financial Forms
State of Iowa General Accounting Expenditure (GAX) Form
Close-out Report

General Forms
Client Energy Audit
Client File Checklist
Contractor/Subcontractor/Vendor File Checklist
Residential Heat Loss Calculation Worksheet

Reference
Lead Training Requirements
Licensure Chart (electrical and plumbing and mechanical licensing requirements)

State Housing Inspection Reports
Mobile Homes
Stick-Built Homes

Release of Liability

Release of Liability and Waiver of Claims

Health and Safety Assessment

In addition to the energy audit we will do on your home, we will also do a limited health and safety assessment of the home. The health and safety assessment will consist of a visual inspection for potential health and safety problems. You will be notified of any health and safety problems that are identified, including mold. However, the evaluator is not a qualified mold professional. Mold may be present in areas not accessible or seen during the visual inspection or during the actual work on your home. Work on your home will be performed in a manner to prevent future mold growth. However, if there are existing conditions that are unseen or if, after the work is completed, situations within your home result in mold growth, we shall not be held responsible or liable.

Weatherization Activities

Notice: During weatherization activities, particularly when insulation is being blown into wall cavities and attics, insulation dust, other types of dust, and other particles may become airborne. Additionally, unforeseen circumstances may result in some insulation leaking through cracks into the home's living space. In those circumstances where insulation leaks into the living space, we will be responsible for clean-up (repairing damage and cleaning up the living area). Minor construction dust is inevitable at the end of any remodeling work. Construction dust clean-up will be the responsibility of the home owner/occupant.

Recommendation: Does anyone in the home have any of the following conditions:

Allergies	☐ Yes	☐ No		Pregnancy	☐ Yes	☐ No	
Asthma	☐ Yes	☐ No		Other Respiratory Conditions	☐ Yes	☐ No	
Emphysema	☐ Yes	☐ No		Decreased Immune Functions	☐ Yes	☐ No	

It is recommended that people with the above health conditions be out of the house when insulation is being blown into the house. Furthermore, it is also recommended that infants less than 12 months old should be out of the house when insulation is being blown. Persons who leave the house during the insulation process should remain away from the house the amount of time specified in the manufacturer's instructions.

Release and Waiver of Claims: I acknowledge by my signature below receipt of the information and recommendations set out above. Additionally, I agree on behalf of myself and any minor children or others for whom I am responsible, to hold the agency and its agents harmless from any claims, medical problems or personal injuries that may occur, develop or worsen in response to the weatherization activities. This waiver is for all damages, direct or indirect, that may relate to weatherization activities, including money lost by not being able to work, healthcare costs and pain or suffering.

I am aware the weatherization process may cause airborne particles, including dust, to be released in my home and that such airborne particles can aggravate health conditions in some people. I have chosen to go forward with the weatherization process, accepting any and all risks of injury or damages.

I have carefully read this release and waiver and fully understand its contents. I am aware this is a release of liability and have signed it of my own free will.

Client Name: _____ File Number: _____

Address, City, Zip: _____ Phone: _____

Client Signature: _____ Date: _____

Agency Name: _____ Phone: _____

Representative Signature: _____ Date: _____

Original – Agency File *(always)*
Copy – Client *(always)*

10-01-12

Acuerdo de Liberación de Responsabilidad

Acuerdo de Liberación de Responsabilidad y Renuncia de Reclamos

Evaluación de Salud y Seguridad

Además de la auditoría de energía que realizaremos en su casa, nosotros también haremos una pequeña evaluación de salud y seguridad de la casa. La evaluación de salud y seguridad consistirá en una inspección visual de problemas que pudieran ser potencialmente serios. Usted será notificado de cualquier problema de salud y seguridad que hayan sido identificados, incluyendo moho. Cabe mencionar, que el evaluador no es un profesional calificado de problemas de moho. El moho tal vez se localice en áreas no accesibles o visibles durante la inspección visual o durante el trabajo en su casa. El trabajo en su casa será desempeñado de manera que pueda prevenirse el crecimiento de moho en el futuro. Como quiera que sea, si hay condiciones existentes que no son visibles o si después que el trabajo haya sido terminado, existen situaciones dentro de su casa que causen el crecimiento de moho, nosotros no nos hacemos responsables de lo que suceda.

Actividades de Weatherization

Advertencia: Durante las actividades de Weatherization, particularmente cuando la insolación es instalada en las cavidades y áticos de las paredes, y el polvo de la insolación u otro tipo de polvo y otras partículas pudieran estar volando en el aire. Adicionalmente, circunstancias imprevistas pudieran resultar en alguna filtración de la insolación a través de grietas en espacios habitables de la casa. En tales circunstancias, donde la insolación se haya filtrado dentro de los espacios de la habitación, nosotros seremos responsables de limpiar (reparar daños, y limpiar las áreas habitables). Es inevitable la aparición de polvo causado por construcciones pequeñas al término de cualquier trabajo de remodelación. Será responsabilidad del Dueño/Ocupante de la casa de limpiar el polvo causado por la construcción.

Recomendación: Hace alguien en el hogar tiene cualquiera de las condiciones siguientes:

Alergias	☐	Yes	☐	No	Embarazo	☐	Yes	☐	No
Asma	☐	Yes	☐	No	Otras Condiciones Respiratorias	☐	Yes	☐	No
Enfisema	☐	Yes	☐	No	Funciones Inmunes Disminuidas	☐	Yes	☐	No

Es recomendable que personas con las condiciones encima de salud estén fuera cuando la insolación sea instalada dentro de la casa. Además, es también recomendable que infantes menores de 12 meses se encuentren fuera de la casa cuando se inicie la instalación. Las personas que dejan la casa durante el proceso de la insolación deben permanecer lejos de la casa la cantidad de tiempo especificada en las instrucciones de manufacturer.

Liberación y Renuncia de Reclamos: Yo hago del conocimiento por mi firma al pie de la página que he recibido la información y recomendaciones arriba estipuladas. Adicionalmente, yo me comprometo por mí mismo y por cualquier niño menor de edad, y otros por los que yo soy responsable de mantener a la Agencia y a sus agentes libres de toda responsabilidad y de cualquier reclamo por problemas médicos, daños personales que pudieran ocurrir, desarrollo o empeoramiento del ambiente a consecuencia de las actividades de Weatherization. Esta renuncia de reclamo es por todos los daños, directos o indirectos, que pudieran estar relacionados con las actividades de Weatherization, incluyendo perdida de dinero por no poder trabajar, costos médicos, así como otros inconvenientes.

Yo estoy al tanto que el proceso de Weatherization pudiera causar partículas en el aire, incluyendo polvo, que pudiera ser dejado en mi casa y que ciertas partículas en el aire pudieran agravar las condiciones de salud. Yo he decidido continuar con el proceso de Weatherization, aceptando cualquier y todos los riesgos de daños y perjuicios.

Yo he leído cuidadosamente este acuerdo de Liberación de Responsabilidad y Renuncia de Reclamos y he entendido completamente su contenido. Yo estoy al tanto que este es un acuerdo de Liberación de demanda y he firmado por mi propia voluntad.

Nombre del Cliente: _____ Número de Expediente: _____

Dirección, Ciudad, Código Postal: _____ Teléfono: _____

Firma del Cliente: _____ Fecha: _____

Nombre del Agencia: _____ Teléfono: _____

Firma del Representativo del Agencia: _____ Fecha: _____

Programa de Weatherization: Tiene como objetivo reducir el costo de la energía y mejorar la salud y seguridad de las familias de bajos ingresos mediante la instalación eficiente de componentes energéticos relacionados con medidas de salud y seguridad.

Landlord Agreement

Iowa Weatherization Program

I, _____ certify that I am the owner, or authorized agent,

for the property located at _____ and occupied by

_____. I authorize _____

to weatherize the dwelling or unit located above, in accordance with the following provisions:

- I affirm the rental dwelling is not presently being offered for sale.
- I affirm, to the best of my knowledge, the dwelling at this address has not been weatherized previously
- I agree not to raise the rent, due to weatherization, for a period of 12 months from the date the work is completed.
- I agree the tenant will not be evicted without just cause.
- If the rental unit to be weatherized is currently vacant, I agree to rent the vacant unit to a low-income household within 180 days after the weatherization work is complete.
- I agree the materials and equipment installed in the rental unit, using low-income weatherization funds, shall remain in the dwelling. If I sell the property as a habitable dwelling, I agree the materials and equipment installed, using low-income weatherization program funds, shall remain in the dwelling.

Because the weatherization measures that will be provided to the rental unit will make it less leaky, it is important to ensure that there are not unsafe levels of carbon monoxide or other problems that could pose a health or safety hazard to the tenant. Therefore, the Iowa Weatherization Program tests combustion appliances in eligible rental units for safety. The safety inspection will include checking for carbon monoxide and gas leaks, checking the venting of combustion appliances, and checking for back drafting or spillage of flue gases.

I certify that I agree to the aforementioned terms of this agreement.

Landlord/Agent Signature: _____ Date: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Agency Name: _____ Date: _____

Agency Representative: _____ Phone: _____

Address: _____

City, State, Zip Code: _____

Deferral Documentation Form

Iowa Weatherization Program

Client Name: _____ File Number: _____

Address: _____ City, Zip: _____

Phone: _____ ☐ Rent ☐ Own

Although a client may be eligible for the Weatherization Program, there are situations or conditions where weatherization services should be deferred (i.e. delayed or postponed). Usually, those situations or conditions are identified prior to any work beginning on the home. Occasionally, the situation is not identified until the work has already begun.

Deferring work on a dwelling does not mean the dwelling will never be weatherized. If the situation or condition causing the deferral changes, it may be possible to begin or complete the work. For example, a dwelling shouldn't be weatherized if it has a bad roof that leaks or will likely leak. However, the dwelling can be weatherized later if the roof is replaced/repaired. Another example is a dwelling undergoing remodeling. The dwelling should not be weatherized while it is being remodeled. However, after the remodeling is completed, the dwelling may be weatherized.

Whenever weatherization is deferred, the agency must clearly explain to the client why the work was deferred, what changes need to occur before weatherization can begin/continue and the responsibility of both parties. The agency must also document the reason for the deferral in the file.

☐	Client refused to sign the Release of Liability and Waiver of Claims Form.
☐	Home is for sale.
☐	Disconnected waste water pipes.
☐	The dwelling has mold or moisture problems (such as pooling water in crawlspaces or standing water in the basement) so severe they cannot be resolved under existing health and safety measures and within repair limits.
☐	Hazardous electrical wiring.
☐	Presence of excessive animal feces and/or other excrements.
☐	Rats, bats, roaches, reptiles, insects, animals, or other vermin inappropriately or not properly contained on the premises.
☐	Unvented combustion appliances.
☐	Cost of repairing or replacing an unsafe appliance is more than the program's allowable repair or replacement expenditure limit.
☐	Dwelling has an unvented space heater which the client has refused to remove from the dwelling.
☐	Dwelling is undergoing remodeling or has unfinished areas which affect the weatherization process.
☐	Dwelling is beyond the scope of the program due to major structural deficiencies in the dwelling.
☐	The mobile home has a heating system other than a heating system that is manufactured for mobile homes and the client refuses replacement.
☐	The mobile home has a fireplace or heating stove that draws combustion air from inside the dwelling and the client refuses replacement.
☐	Client moved or passed away while weatherization services were being provided.
☐	The clients, or other occupants in a dwelling, are uncooperative, threatening, or verbally abusive.
☐	The client refuses to allow the agency and/or contractors to enter and/or perform necessary work on certain areas of the home.
☐	Other (explain):

Work required prior to weatherization: _____

By signing below, I acknowledge that I have been notified as to the situation or condition that has caused the agency to defer work on my home. I will contact the agency once the above work has been completed. When I contact the agency, I understand that I must still be income-eligible. If I am no longer eligible for the program, my home cannot be weatherized.

Client Signature: _____ Date: _____

Agency Representative: _____ Date: _____ Phone: _____

Original – Agency File *(always)*
Copy – Client *(always)*

Revised 2-9-12

Health & Safety Assessment Findings

Iowa Weatherization Program

Client Name: _____ File Number: _____

Address: _____ City, Zip: _____

Phone Number: _____ ☐ Rent ☐ Own

The purpose of the Iowa Weatherization Program is to lower the energy burden for our clients through energy conservation measures. Weatherization also completes an assessment of the home for potential health and safety issues. Because of programmatic and/or funding limits, Weatherization is not always able to address these issues. Items checked on this form have been identified as potential issues in your home.

1. Carbon Monoxide Testing

CO Reading

_____ Ambient Air
_____ Furnace/Boiler/Space Heater *(refer to Iowa Weatherization Work Standards Section 2043, Table 8 for recommended action levels)*
_____ Gas Water Heater *(refer to Iowa Weatherization Work Standards Section 2043, Table 8 for recommended action levels)*
_____ Gas Oven *(client/landlord is responsible for repair/replacement)*
_____ Other *(specify)*_____

2. Draft Testing (atmospheric)

Record

_____ Outside temperature
_____ Gas furnace (in Pascals)
_____ Gas water heater (in Pascals)

Minimum Drafting Based on Outside Temperatures

Below 10° F	-2.5 Pascals
10° F – 90° F	(T_out / 40) – 2.75
> 90° F	-0.5 Pascals

3. Electrical System Visual Inspection

Check		Repair to be done by Client/Landlord	Repair to be done by Agency
_____	Bare wires	☐	☐
_____	Knob & tube wiring *(If "Yes", inspect for proper size fuses)*	☐	☐

4. Gas Line Inspection ***(check all gas lines for leaks)***

Check	Leaks		Repair to be done by Client/Landlord	Repair to be done by Agency
_____	☐	Furnace	☐	☐
_____	☐	Water heater	☐	☐
_____	☐	Other combustion appliances *(specify)* _____	☐	☐

5. Unsanitary Conditions *(may cause odors, viruses, or bacteria in the home)*

Check		Cleanup to be done by Client/Landlord	Cleanup to be done by Agency
_____	Insects pests in work area	☐	No
_____	Excessive animal feces/carcasses in work area	☐	No
_____	Excessive bird/bat feces/carcasses in work area	☐	No
_____	Raw sewage in house/basement/crawlspace	☐	No

☐ Educate the client regarding existing screws in dryer ducts *(if applicable)*.

☐ Tests and visual inspections of the items listed above were performed and no problems were identified.

These are the existing conditions as of the date below. By signing below, I agree to complete the items marked for repair or cleanup by the client or landlord. I will then contact the agency so the weatherization work may proceed. I also agree to allow the agency to install needed exhaust fans. If I refuse to allow exhaust fan installation, the work on my home will be deferred.

Additional Comments: _____

Client Signature: _____ Date: _____

Agency Representative: _____ Phone #: _____ Date: _____

Resultados de la Evaluación de Salud y Seguridad

Programa de Weatherization de Iowa

Nombre del Cliente: _____ Número de Expediente: _____

Dirección: _____ Ciudad, Código Postal: _____

Número de Teléfono: _____ ☐ Renta ☐ Dueño

El propósito del programa de Weatherization de Iowa es disminuir el consumo de energía por nuestros clientes a través de medidas de conservación. Weatherization también realiza una evaluación de la casa por asuntos potenciales de salud y seguridad. Debido a los límites programáticos y de financiamiento de evaluación, Weatherization no siempre puede solucionar todos los problemas. Las áreas marcadas en esta forma han sido identificadas como problemas potencialmente serios en su casa.

1. Prueba de Monóxido de Carbono Resultados

Carbono
Resultados

_____ Aire ambiental
_____ Calefacción/Boiler/Espacio de calefacción *(referencia a la Iowa Weatherization Work Standards Section 2043, Table 8 para los niveles de actuación recomendado)*
_____ Calentador de agua de gas *(referencia a la Iowa Weatherization Work Standards Section 2043, Table 8 para los niveles de actuación recomendado)*
_____ Horno de gas *(reparaciones para hacer por el cliente/dueño)*
_____ Otros *(especifique)*

2. Versión de Prueba (Atmosférica)

Recuerdo

_____ Temperatura Exterior
_____ Calefacción de Gas (en pascals*)
_____ Calentador de agua

Versión Mínima Basada en la Temperatura Exterior

Bajo 10º F	-2.5 Pascals*
10º F – 90º F	(t_exterior / 40) – 2.75*
Arriba 90 º F	-0.5 Pascals*

3. Inspección Visual del Sistema Eléctrico

Marque	Reparaciones para hacer por el Cliente/Dueño	Reparaciones para hacer por la Agencia
_____ Cables sin protección	☐	☐
_____ Revisar perillas y cables de tubería	☐	☐

(Si la respuesta es "si", inspección para tamaños adecuados de fusibles)

4. Inspección de Líneas de Gas *(verifique todas las líneas de gas por posible caso de fugas)*

Marque	Fugas		Reparaciones para hacer por el Cliente/Dueño	Reparaciones para hacer por la Agencia
_____	☐	Calefacción	☐	☐
_____	☐	Calentador de Agua	☐	☐
_____	☐	Otros electrodomésticos de combustión *(Especifique)* _____	☐	☐

5. Condiciones Antihigiénicas *(Pueden causar olores, virus o bacterias en la casa)*

Marque	Limpieza a Realizar por el Cliente/Dueño	Limpieza a Realizar por la Agencia
_____ Plaga de insectos en el área de trabajo	☐	No
_____ Excremento excesivo de animales/cadáveres de animales en el área de trabajo	☐	No
_____ Excremento excesivo de aves/murciélagos/cadáveres de animales en el área de trabajo	☐	No
_____ Desechos humanos en la casa/sótano/áreas pequeñas de mantenimiento	☐	No

☐ Eduque al cliente con respecto a los tornillos existentes en conductos más secos (si fuera aplicable).
☐ Las pruebas e inspección visuales de las áreas listadas arriba fueron realizadas y ningún problema fue identificado.

Reset Form

Estas son las condiciones existentes en la fecha que se muestra al pie de la página. Con mi firma al pie de la página, Yo, me comprometo a reparar o limpiar las áreas listadas arriba ya sea por el cliente o por el dueño. Entonces contactare a la agencia de manera que Weatherization pueda proceder a realizar su trabajo. También de acuerdo permitir que la agencia instalar ventiladores exahust necesarios. Si se niegan a permitir la instalación de ventilador de escape, se aplazó el trabajo en mi casa.

Comentarios Adicionales: _____

Firma del Cliente: _____ Fecha: _____

Representante de la Agencia: _____ Fecha: _____ Teléfono: _____

Pascal: Unidad de Medida

Health & Safety Assessment Findings

Iowa Weatherization Program

Client Name: _____ File Number: _____

Address: _____ City, Zip: _____

Phone Number: _____ Rent Own

1. Moisture Areas

Existing conditions *(check all that apply)*

_____ Damp atmosphere in house
_____ Client complaint of allergy-like symptoms
_____ Visible mold growth *(if "Yes", go to #2)*
_____ Evidence of water penetrating the home *(stains, moist areas)*
_____ Evidence of conditions that might allow water in the home *(poor grading, bad flashing, bad/missing gutters)*
_____ Actual construction defect or deterioration that allows water into the home *(roof, decks, windows, concrete slabs, lack of vapor barrier)*
_____ Plumbing defects *(leaking drains, pipes or toilet seats, missing caulk on sinks or tubs)*
_____ HVAC problems *(dirty, moist filters, poor condensation drainage)*
_____ Dryer vented indoors, inadequate ventilation for a kitchen, bath or other high moisture area
_____ Any source of condensation

2. Mold Areas

Checklist			Existing Mold	Sq. Ft. of Area	Cleanup to be Done by Client/Landlord
_____	Bath *(location)*	_____	☐	_____	☐
_____	Shower *(location)*	_____	☐	_____	☐
_____	Kitchen		☐	_____	☐
_____	Laundry area		☐	_____	☐
_____	Basement walls		☐	_____	☐
_____	Crawlspace		☐	_____	☐
_____	Exterior walls		☐	_____	☐
_____	Attic/Ceilings		☐	_____	☐
_____	Other *(specify)*	_____	☐	_____	☐

☐ Existing mold was found in your home. The mold is located in the areas checked under the Existing Mold column.

- ☐ Weatherization work cannot be done until the mold in the areas checked under the Cleanup column has been cleaned up. You (or your landlord) are responsible for the cleanup.
- ☐ Any item checked in the Existing Mold column but not requiring client cleanup will either be cleaned by the agency or will not be disturbed during the weatherization work and therefore, does not need to be cleaned up in order to proceed with weatherization. However, it is advisable to clean up all mold.

☐ No visible evidence of existing mold was found.

Additional Comments: _____

By signing below, I acknowledge that I have been notified of the conditions shown above in the home prior to any weatherization work being done. If any mold has to be cleaned up before weatherization work can begin, I agree to have it cleaned up and then contact the agency so the weatherization work may proceed.

Client Signature: _____ Date: _____

Agency Representative: _____ Phone #: _____ Date: _____

Resultados de la Evaluación de Salud y Seguridad

Programa de Weatherization de Iowa

Nombre del Cliente: _____ Número de Expediente: _____

Dirección: _____ Ciudad, Código Postal: _____

Número de Teléfono: _____ ☐ Renta ☐ Dueño

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1. Áreas Húmedas

Condiciones actuales *(marque todas las que apliquen)*

_____ Humedad en la atmósfera de la casa
_____ Quejas del cliente por síntomas similares a alergias
_____ Evidencia del crecimiento de moho *(si la respuesta es si, vaya a la sección #2)*
_____ Evidencia de penetración de agua en la casa *(residuos, áreas húmedas)*
_____ Evidencia de condiciones que permiten el paso de agua en la casa *(desnivel pobre para que fluya el agua, mal funcionamiento de la palanca del inodoro, falta de canales para drenar el agua)*
_____ Defectos de construcción o de deterioro actual que permita la penetración del agua *(techo, balcón, ventanas, cimiento de concreto, falta de barrera de vapor)*
_____ Defectos de plomería *(goteras, tubería, o asiento de inodoro, falta de silicón en lavabos o tinas)*
_____ Problemas de HVAC* *(suciedad, filtros húmedos, pobre drenaje de condensación)*
_____ Ventilación de la secadora dentro de la casa, ventilación inadecuada para la cocina, baño u otra área húmeda
_____ Cualquier otro tipo de condensación

2. **Áreas con Moho**

Lista para checar		Evidencia de Moho	Pies Cuadrados del Área	Limpieza a Realizar por Cliente/Dueño
_____	Baños *(localización)* _____	☐	_____	☐
_____	Regadera o ducha *(localización)* _____	☐	_____	☐
_____	Cocina	☐	_____	☐
_____	Área de lavandería	☐	_____	☐
_____	Paredes del sótano	☐	_____	☐
_____	Áreas pequeñas	☐	_____	☐
_____	Paredes exteriores	☐	_____	☐
_____	Ático/techos	☐	_____	☐
_____	Otros *(especifique)* _____	☐	_____	☐

☐ Se encontró áreas con moho en su casa. El moho se encontró en las áreas que se marcaron en la columna de Evidencia de Moho.

☐ El trabajo de Weatherization no puede realizase hasta que el moho en las áreas que se marcaron sobre la columna de limpieza hayan sido aseadas. Usted (o el dueño) son responsables dicha limpieza.

☐ Cualquier otra área que se encuentre marcada sobre la columna de Evidencia de Moho pero que no requiere de limpieza por el cliente será aseada ya sea por la agencia o no será considerada durante el trabajo de Weatherization. Por lo tanto, el área no necesita estar limpia para proceder con el trabajo de Weatherization. Como quiera que sea, es recomendable limpiar las áreas con moho.

☐ No se encontró evidencia de moho.

Comentarios Adicionales: _____

Con mi firma al pie de página, yo hago del conocimiento que he sido notificado de los condiciones en la casa antes de cualquier trabajo realizado de weatherization. Si el moho tiene que ser removido antes que inicie el trabajo de weatherization, yo me comprometo a limpiar dichas áreas y posteriormente a contactar a la agencia de manera que el trabajo de weatherization pueda realizarse.

Firma del Cliente: _____ Fecha: _____

Representante de la Agencia: _____ Fecha: _____ Teléfono: _____

***HVAC: H**eating, **V**entilation and **A**ir **C**onditioning *(Calefacción, Ventilación y Aire Acondicionado)*

Weatherization: Tiene como objetivo reducir el costo de la energía y mejorar la salud y seguridad de las familias de bajos ingresos mediante la instalación eficiente de componentes energéticos relacionados con medidas de la salud y seguridad.

FORM 1 – Renovation Work in a Single Dwelling Unit

Notification Prior to Renovation, Remodeling, or Repainting

Address:_____ Year Built:_____

General Nature of Work:___Weatherization_____ Location of Work:_____

_____

Expected Start Date:_____ Expected Completion Date:_____

I have received the pamphlet entitled ***Lead Poisoning: How to Protect Iowa Families*** or ***Renovate Right*** and am aware of the potential health risk associated with remodeling, renovation or repainting housing containing lead-based paint or lead-based paint hazards. I received the pamphlet before the work began.

Printed Name of Owner	Signature of Owner	Date
Printed Name of Occupant	Signature of Occupant	Date
Printed Name of Contractor	Signature of Contractor	Date

Contractor Address City State Phone

List of ALL Known Occupants

Note Regarding Certificate of Mailing Option

As an alternative to delivery in person, you may mail the pamphlet to the owner and/or tenant via CERTIFIED mail with return receipt or its equivalent at least 7 days before the work begins.

On_____, I sent the pamphlet to the owner and/or tenant by_____.

Attach receipt for certified mail or its equivalent.

Printed Name of Contractor	Signature of Contractor	Date

Contractor Address City State Phone

No Signature Available Option

If the pamphlet was delivered, but the signature of the known adult occupant could not be obtained, check the appropriate box below.

☐ I certify that I have made a good-faith effort to deliver the pamphlet Lead Poisoning: How to Protect Iowa Families or Renovate Right, to the unit listed below at the dates and times indicated, and that an adult occupant was unavailable to sign the acknowledgement. I further certify that I have left a copy of the pamphlet at the unit with the occupant.

☐ I certify that I have made a good-faith effort to deliver the pamphlet Lead Poisoning: How to Protect Iowa Families or Renovate Right, to the unit listed below at the dates and times indicated, and that the occupant refused to sign the acknowledgement. I further certify that I have left a copy of the pamphlet at the unit.

Printed Name of Person Certifying Delivery	Signature of Person Certifying Delivery	Attempted Delivery Date & Time

Where Pamphlet was Left (ex., taped to door, slipped under door, etc.)

Printed Name of Contractor	Signature of Contractor	Date

Contractor Address City State Phone

FORM 2 – Emergency Renovation Work in a Single Dwelling Unit

Notification Prior to Renovation, Remodeling, or Repainting

Address:_____ Year Built:_____

General Nature of Work:____Weatherization____ Location of Work:_____

_____

Expected Start Date:_____ Expected Completion Date:_____

Some of the paint disturbed during this emergency renovation remodeling, and repainting may contain lead. I have included a copy of the pamphlet, *Lead Poisoning; How to Protect Iowa Families* or *Renovate Right*, with this notice.

_____ _____ _____

Printed Name of Contractor Signature of Contractor Date

_____

Contractor Address City State Phone

Note Regarding Certificate of Mailing Option

As an alternative to delivery in person, you may mail the pamphlet to the owner and/or tenant via CERTIFIED mail with return receipt or its equivalent as soon as possible after the work begins.

On_____, I sent the pamphlet to the owner and/or tenant by_____.

Attach receipt for certified mail or its equivalent.

_____ _____ _____

Printed Name of Contractor Signature of Contractor Date

_____

Contractor Address City State Phone

FORM 3 – Notice to Owner for Renovation in Common Areas of Multi-Family Housing

Notification Prior to Renovation, Remodeling, or Repainting

Check One: Non-emergency renovation, remodeling, repainting

Emergency renovation, remodeling, repainting

Address:_____ Year Built:_____

General Nature of Work:____Weatherization____ Location of Work:_____

_____

Expected Start Date:_____ Expected Completion Date:_____

I have received the pamphlet entitled ***Lead Poisoning: How to Protect Iowa Families*** or ***Renovate Right*** and am aware of the potential health risk associated with remodeling, renovation or repainting housing containing lead-based paint or lead-based paint hazards. I received the pamphlet before the work began.

_____	_____	_____
Printed Name of Owner	Signature of Owner	Date
_____	_____	_____
Printed Name of Contractor	Signature of Contractor	Date

_____

Contractor Address City State Phone

Note Regarding Certificate of Mailing Option

As an alternative to delivery in person, you may mail the pamphlet to the owner and/or tenant via CERTIFIED mail with return receipt or its equivalent at least 7 days before the work begins. In case of emergency renovation, remodeling and repainting, mail the pamphlet to the owner and/or tenant via certified mail with return receipt or its equivalent as soon as possible after the work begins.

On_____, I sent the pamphlet to the owner and/or tenant by_____.

Attach receipt for certified mail or its equivalent.

_____	_____	_____
Printed Name of Contractor	Signature of Contractor	Date

_____

Contractor Address City State Phone

FORM 4 – Notice to Residents for Renovation in Common Areas of Multi-Family Housing

Notification Prior to Renovation, Remodeling, or Repainting

Check One: Non-emergency renovation, remodeling, repainting

Emergency renovation, remodeling, repainting

Address:_____ Year Built:_____

General Nature of Work:____Weatherization____ Location of Work:_____

_____

Expected Start Date:_____ Expected Completion Date:_____

Some of the paint disturbed during this renovation, remodeling, and repainting may contain lead. You can get a copy of the pamphlet ***Lead Poisoning: How to Protect Iowa Families*** or ***Renovate Right*** at no cost by calling me at _____. Please leave a message and be sure to include your name, address and phone number. I will either mail you a pamphlet or leave one at your unit.

_____	_____	_____
Printed Name of Contractor	Signature of Contractor	Date

_____	_____	_____	_____
Contractor Address	City	State	Phone

Record of Tenant Notification Procedures for Work Done in Common Areas of Multi-Family Housing

Notification Prior to Renovation, Remodeling, or Repainting

_____	_____	_____
Contractor Address	City	State

Owner of Multi-Family Housing _____

Number of Units in Multi-Family Housing _____

Method of Delivering Notices to Each Unit _____

_____	_____	_____
Printed Name of Contractor	Signature of Contractor	Date

_____	_____	_____	_____
Contractor Address	City	State	Phone

_____	_____	_____
Printed Name of Person Making Delivery (If other than contractor)	Signature of Person Making Delivery (If other than contractor)	Date

IOWA WEATHERIZATION LEAD-SAFE REPORT

THIS FORM MUST BE FULLY COMPLETED, including additional information or attachments as needed.
Contractor is ultimately responsible for compliance with 641-70.6 (11)g(record keeping).

A. Date Report Issued ____ / ____ / _____

B. Important Information
As of April 22, 2010 renovations* that take place in pre-1978 residential housing and child-occupied facilities are regulated and certification is required. This renovation report is required to be completed within 30-days following a renovation. This report is required to be kept for 3 years by the Iowa certified firm and certified individual conducting the renovation.

This renovation report is always required to be issued to the property owner(s) of the address where the renovation occurred. **This report may also be required to go to other parties if the renovation occurred in a unit that is not owner-occupied, or in a child-occupied facility.**

Check all that apply.
__ An adult occupant of a renovated unit, that is not owner-occupied.
Name(s): _____
__ The person who requested the renovation, if different from the property owner or adult occupant.
Name(s): _____
__ The adult representative of a child-occupied facility.
Name(s): _____
__ Renovations in a child-occupied facility or in the common area(s) of multi-family housing. A notice that is likely to be seen shall be posted. The notice shall include instructions on how the report can be obtained free of charge.

**Simply stated, renovation is the modification of any existing structure, or portion thereof that results in the disturbance of painted or stained surfaces.*

C. Address Renovated
Street_____City_____,IA Zip_____Apt #_____Year Built:_____
Property Owner(s) Name_____Owner Telephone_____
Property Owner Address_____City_____State, Zip _____

D. Certification Information
Name of Certified Firm_____Certification Number_____Firm Phone_____
Name of Certified Renovator_____Certification Number_____Phone _____

E. Renovation Information
Date(s) renovation occurred:_____Brief description of renovation work:_____
_____
_____

F. Did project have exemptions from lead-based specific work practices? No Yes **If yes, reason:**
___ The entire property was determined to be free of lead-based paint by an Iowa certified lead inspector/risk assessor. *(Attach report or executive summary of report)*
___ The renovations were considered to be emergency in nature**. *(Attach documentation of emergency)*
___ Some or all of the surfaces renovated were negative for lead-based paint when tested with an EPA approved test kit(s). All of the results, positive and negative must be reported. *(See see section H)*
___ Some or all of the surfaces renovated were negative for lead-based paint when tested by an Iowa certified lead inspector/risk assessor using XRF or laboratory analysis. *(Attach inspection report)*

***Emergency renovation are not routine failures of equipment or of a structure that were not planned but resulted from a sudden unexpected event that, if not immediately attended to, presents a safety or public health hazard or threatens equipment or property with significant damage. Renovations conducted in response to an elevated blood lead (EBL) inspection are also considered to be an emergency.*

G. Work practices.
Specific work practices are required for renovation. Some or all of the work practices may be exempt (see section F). Check all of the work practices that apply and describe if necessary. **The description of the work practice must be location specific.**

All
___ Warning signs posted. Location(s): _____
___ Work area contained. Type of containment: _____
Interior *(pictures must also be provided for each item checked)*
___ All objects in work area covered. *Describe*_____
___ All object in work are removed. *Describe*_____
___ HVAC ducts closed and covered. *Describe* _____
___ Floors in and near the work area covered. *Describe*_____
___ All windows and doors in the works area closed. *Describe*_____
___ Containment for doors used as entrance to work areas. *Describe*_____
Exterior
___ All windows in the work area and within 20 feet of work area closed. *Describe* _____
___ All doors in the work areas and within 20 feet of work area closed. *Describe*_____

___ Ground covered to contain all dust and debris. *Describe* _____
___ Vertical containment. *Describe* _____

Multi-Story Exterior

___ All windows and doors below the renovation closed. *Describe* _____

Waste Storage

___ All waste from renovation stored under containment. *Describe* _____
___ All waste from renovation transported under containment. *Describe* _____

Additional/Other Work Practices *Describe* _____

_____

_____

H. Were (EPA approved) test kits used to determine the presence or absence of lead-based paint? No Yes **If yes, results:**

Brand and Lot #	Test Location	Component Tested	Result Positive	Result Negative	Result Assume Positive/ Inconclusive Test

____Additional lead test kits were used and additional documentation form is attached to this report.

I. Training Information and Documentation

Check all that apply. Every individual that performs renovation work is required to be trained in lead safe work practices. **Firms shall not recognize on-the-job training from other firms.**

___ Job site had non-certified workers on site and on-the-job training was provided to them to ensure lead safe renovation was performed.
Name(s) of worker(s) that received on-the-job training: _____
_____

___ Job site had workers that were certified to do renovations in Iowa.
Name(s) and certification number of worker(s): _____
_____

___ Not applicable. The certified individual listed in section D of this report was the only renovator.

J. Post-renovation cleaning verification or clearance testing

Each renovation must conclude with post-renovation cleaning verification or clearance testing. Only Iowa certified lead-safe renovators, lead abatement contractors, or lead abatement worker can perform the post-renovation cleaning verification. Only Iowa certified sampling technicians or lead inspector/risk assessors can perform clearance testing. Check one.

___ Clearance testing. The clearance report from the certified sampling technician or lead inspector/risk assessor must be attached to this renovation report.
___ Post-renovation cleaning verification. Visual exam was performed.
___ Post-renovation cleaning verification was performed
Date of 1st Test _____ Date of 2nd Test (if applicable) _____ Date of 3rd Test (if applicable) _____
Expiration date of cleaning verification card_____(month/year)
____ Window sills and troughs in all work areas passed the cleaning verification
____ Counter tops and bare floors passed cleaning verification

K. Other applicable laws

Federal law requires that any known information about lead-based paint be disclosed when residential properties built before 1978 are sold or leased. Known information would include results from recognized testing kits. If a recognized test kit was used during this renovation, then the property owner will need to disclose this renovation report. In addition to any known information, the brochure, *Lead Poisoning: How to Protect Iowa Families,* or the EPA pamphlet, *Renovate Right*, is required to be given out. The U.S. Environmental Protection Agency (EPA) and the Department of Housing and Urban Development (HUD) both enforce the disclosure rule.

Iowa law requires a notification prior to renovations that take place in residential property or child occupied facilities built prior to 1978. The brochure, *Lead Poisoning: How to Protect Iowa Families,* or the EPA pamphlet, *Renovate Right*, is also needed for compliance with these rules.

___ **Check to indicate that the notification and brochure were given prior to this renovation.** *(Attach a copy of the notification form to this report)*

L. Signature

_____ _____
Signature of Iowa certified individual listed in section D of this report Date

Exempt from Lead Safe Renovation Requirements

Iowa Weatherization Program

Client Name:_____

Client Address:_____

Name of Agency:_____

Auditor Name: _____**WX File Number:**_____

1. House was built pre-1978: YES NO
   (If YES, continue to #2. If NO, file this form in the client/house file.)

2. The minimum areas for minor repair and maintenance activities are listed below.
   - Less than 1 sq. ft. of an interior painted or finished wood surface per renovation
   - Less than 6 sq. ft. of a painted or finished drywall or plaster surface per room
   - Less than 20 sq. ft. of an exterior painted or finished surface per renovation

3. List all contractors (business names) working on the project.
   (Circle YES if the contractor will be disturbing lead or presumed lead based upon the criteria listed above – All lead documentation must be completed. Circle NO if the contractor will not be disturbing lead or presumed lead surfaces.)

_____ YES NO

_____ YES NO

_____ YES NO

_____ YES NO

_____ YES NO

_____ YES NO

Asbestos in Homes

What is asbestos?
Asbestos is a naturally occurring mineral fiber mined from the earth. It is heat and chemical resistant, and is easily formed into just about any shape or product. It was used in more than 3,000 different construction materials and manufactured products, including many found in homes.

Why is it a concern?

When disturbed, asbestos breaks down into very small fibers up to 1,200 times thinner than a human hair. These tiny fibers easily become airborne and when inhaled, they can travel deep into the lungs and become trapped in lung tissue. Once trapped, these fibers can cause mesothelioma, lung cancer and asbestosis. There's no known safe level of asbestos exposure, and medical research indicates these fibers can cause severe lung diseases and cancer in 10 to 30 years after the initial asbestos exposure.
This is why it's important to identify asbestos-containing materials in your home so you can protect your health as well as your family's health.

What products contain asbestos?

The following is a short list of some of the more common asbestos containing materials found in homes:

- Adhesives
- Appliance components
- Ceiling products
  - Ceiling texture (Popcorn texture)
  - Ceiling tiles
  - Ceiling tile mastic
- Cement-asbestos board (Transite) products
  - Chimney flue lining
  - Ducts
  - Pipes
  - Shingles
  - Siding
  - Wall Panels
- Electrical products
  - Cloth wire insulation
  - Electrical panels
- Flooring Products
  - Asphalt floor tiles
  - Floor tile mastic
  - Vinyl floor tiles
  - Vinyl sheet flooring (linoleum)
- Heating and Cooling System products
  - Boiler insulation
  - Duct work insulation
  - Furnace insulation
  - Gaskets
  - Heat shields (paper and corrugated cardboard)
  - Pipe insulation
  - Tank insulation
- Paints and coatings
- Plaster
- Roofing Products
  - Base flashing
  - Felt
  - Shingles
  - Tar or "Black Jack"
- Table pads
- Vermiculite
  - Attic and wall insulation
  - Fireplace decoration
  - Gardening products
- Vinyl wall coverings
- Wall applications
  - Caulking and putties
  - Spackling compounds
- Wallboard or sheetrock
- Wallboard joint compound
- Window glazing

Asbestos in Homes

How do I find out if it's asbestos?

You can check for asbestos markings on the material or its packaging, or you can hire an Iowa-certified asbestos inspector to sample the material or perform an asbestos inspection. Companies that perform sampling and inspections are listed in the Yellow Pages under "Asbestos Consulting and Testing", or contact the Iowa Department of Public Health.

Aren't all asbestos products banned?

No. The United States Environmental Protection Agency (EPA) has banned the use of only the following asbestos-containing products in new construction and renovation:

- Spray-applied material
- Pipe insulation
- Boilers and hot water tank insulation
- Various paper and sheet products
- New uses of asbestos

The EPA has no existing bans on other asbestos-containing products or uses.

If you have asbestos in your home…

Leave it alone
Asbestos is only a problem if asbestos fibers are released into the air. If the asbestos material is in good condition and if it is not being disturbed, then it will not release asbestos fibers. The safest and least costly option may be to leave the asbestos material alone.

Repair it
Sometimes, asbestos materials can be repaired. If the asbestos material has minimal damage, it may be repaired with a special coating called encapsulant. Check with your hardware store or a safety supply store for materials to repair or encapsulate asbestos.

Remove it
Removing the asbestos material may be the best option if the asbestos material is extensively damaged or if it will be disturbed by renovation or other activities. Homeowners may legally remove asbestos materials themselves from the single-family home they own and occupy. However, it is strongly recommended that a licensed asbestos contractor is utilized.

Licensed contractors use techniques that are unavailable to homeowners, so the asbestos is handled safely. They also perform air monitoring to see if the air in your home meets acceptable standards during and at the end of the project.

How do I get more information?

For more information about asbestos, contact the Iowa Department of Public Health at 1-866-227-9878 or visit http://www.idph.state.ia.us/

RADON IN IOWA

What is Radon?

Radon is a natural radioactive gas that can cause cancer. You can't see, smell or taste it, but radon may be in your home. The Surgeon General's National Health Advisory on Radon states that "Indoor radon is the second-leading cause of lung cancer in the United States and breathing it over prolonged periods can present a significant health risk to families all over the country." According to the Environmental Protection Agency (EPA), radon is the first leading cause of lung cancer in nonsmokers and the second leading cause of lung cancer in smokers.

The entire state of Iowa is considered at high risk for radon gas in homes by the EPA. High levels of radon can be found in any type of home, so it is recommended everyone test their homes.

Testing

Why should I test my home?

Although there are no immediate symptoms, long-term exposure to radon can cause cellular damage in the lungs that can lead to lung cancer.

The United States Environmental Protection Agency, Surgeon General, American Lung Association, American Medical Association, and the National Safety Council recommend testing your home for radon because testing is the only way to know if your home has radon.

Contact your local county health department or call **1-800-383-5992** to purchase a do-it-yourself, low-cost test kit.

Data

The Iowa Radon Survey has indicated that Iowa has the largest percentage of homes above the US Environmental Protection Agency action level. It is also designated by the US EPA as an entirely zone 1 state, which means that at least 50% of the homes are above US EPA's recommended action level.

For further information about radon in your home, you may go to the following website.
http://www.epa.gov/radon/pdfs/citizensguide.pdf

WX Draft – Spillage – CO – Testing Checklist and Summary Sheet

Set Up

Heating appliance and water heater off?	☐ Yes	
Furnace filter clean or removed?	☐ Yes	
All exterior windows and doors closed?	☐ Yes	
Fireplace or wood stove dampers closed?	☐ Yes	☐ NA
Is there a door from the CAZ to the main body of the house? *If "Yes" - close*	☐ Yes	☐ NA
Record baseline CAZ pressure WRT outside.	_____Pa	
Exhaust appliances on, including air handler? *(Exception: Do not operate whole house exhaust fans)*	☐ Yes	☐ NA
Interior doors closed? *(Complete room-to-room pressure tests in rooms with exhaust fans. If test shows positive pressure, leave door closed. If test shows negative pressure, open door.)*	☐ Yes	☐ NA
Blower door used to simulate 300 CFM fireplace flow?	☐ Yes	☐ NA

CAZ Test

Determine CAZ pressure WRT outside with CAZ door closed:	
Record this reading minus the baseline.	_____Pa
Determine CAZ pressure WRT outside with CAZ door open:	
Record this reading minus the baseline.	_____Pa

** Recreate conditions which caused the greatest negative pressure in the CAZ in the CAZ test above **

Appliance Testing

Water Heater *(Order of testing determined on-site.)*

Fire the water heater

Spillage after 2 minutes?	☐ Yes	☐ No
Draft after 5 minutes:	_____ Pa **or** _____ "W.C."	
Carbon monoxide after 5 minutes:	_____/_____ PPM	

Furnace/Boiler/Space Heater *(Order of testing determined on-site.)*

Fire the heating appliance.

Did operation of the heating appliance cause spillage or reduction in draft for any of the other appliances?	☐ Yes	☐ No
Spillage after 5 minutes?	☐ Yes	☐ No
Draft after 5 minutes:	_____ Pa **or** _____ "W.C."	
Carbon monoxide after 5 minutes:	_____/_____/_____/_____/_____/_____ PPM	

Ventilation and Your Home (Instruction Sheet)

Iowa Weatherization Program

Client Name: _____ File Number: _____

Address: _____ City, Zip: _____

Phone: _____

Healthy homes require some ventilation to provide fresh air for the occupants. People feel better and work better when they breathe the right amount of fresh air. Natural ventilation happens when a window is open or when the wind blows air into a home. Mechanical ventilation can be provided by a bathroom or kitchen exhaust fan. A home may not get enough natural ventilation when cracks and holes are sealed to save energy.

_____ *(enter agency name)* has inspected your home and has determined that it needs mechanical ventilation to supply adequate fresh air. The recommended rate of continuous ventilation is _____ CFM (cubic feet per minute), which is based on the size and the air tightness of your home and the number of people in the household. The following system has been installed.

Fan Type:	*(i.e. Broan, Fantech, Panasonic)*
Location of Fan Installed:	*(i.e. basement, bathroom ceiling, crawlspace)*
Ventilation Operating Time:	_____ MPH (minutes per hour) *(# of minutes fan is set to run)*
Ventilation Rate (Set Speed):	_____ CFM (cubic feet per minute) *(the rate of speed in CFMs the fan is set to run – not the maximum capacity of the fan)*
Your fan is set up to run:	*(enter: continuously, intermittently, or manually)*
Type of Controller Installed:	*(i.e. Airetrak, Internal Speed Delay, Multi-Speed Swtich, On/Off Switch)*
Location of Controller Installed:	*(i.e. basement ceiling, bathroom wall, wall near exhaust fan, under the cover grille of the fan)*
Location of Service Switch:	*(i.e. in attic near the access, junction box under fan grille, on wall next to controller)*
Installer Name:	*(enter business name)*
Installer Phone Number:	*(enter business phone number)*

For the best results, at your present household size, keep the current fan setting. If more people move into your home, you may wish to increase the current setting. *No matter what the current fan setting, always run your bath fan for 15 to 20 minutes after a bath or shower.* A bath or shower adds a lot of moisture to the air and over time, that moisture may damage parts of your home.

Controller Operation Directions: ☐ Provided ☐ Not Provided

Maintenance: Like most equipment, ventilation fans require some upkeep. Twice a year, or as needed, check and clean the fan grille (if accessible). See manual for additional information.

Fan Warranty Information: ☐ Provided ☐ Not Provided

Controller Warranty Information: ☐ Provided ☐ Not Provided

Customer Verification

This certifies that _____ *(enter agency name)* _____ has explained the ventilation system(s) installed in my home, how it operates, and how I should take care of it. I am to call the installer listed above with any questions regarding the operation of my ventilation system.

_____	_____	_____	_____
Client	Date	Agency Representative	Date

Ventilation and Your Home

Iowa Weatherization Program

Client Name: _____ File Number: _____

Address: _____ City, Zip: _____

Phone: _____

Healthy homes require some ventilation to provide fresh air for the occupants. People feel better and work better when they breathe the right amount of fresh air. Natural ventilation happens when a window is open or when the wind blows air into a home. Mechanical ventilation can be provided by a bathroom or kitchen exhaust fan. A home may not get enough natural ventilation when cracks and holes are sealed to save energy.

_____ has inspected your home and has determined that it needs mechanical ventilation to supply adequate fresh air. The recommended rate of continuous ventilation is _____ CFM (cubic feet per minute), which is based on the size and the air tightness of your home and the number of people in the household. The following system has been installed.

Fan Type: _____

Location of Fan Installed: _____

Ventilation Operating Time: _____ MPH (minutes per hour)

Ventilation Rate (Set Speed): _____ CFM (cubic feet per minute)

Your fan is set up to run: _____

Type of Controller Installed: _____

Location of Controller Installed: _____

Location of Service Switch: _____

Installer Name: _____

Installer Phone Number: _____

For the best results, at your present household size, keep the current fan setting. If more people move into your home, you may wish to increase the current setting. *No matter what the current fan setting, always run your bath fan for 15 to 20 minutes after a bath or shower.* A bath or shower adds a lot of moisture to the air and over time, that moisture may damage parts of your home.

Controller Operation Directions: ☐ Provided ☐ Not Provided

Maintenance: Like most equipment, ventilation fans require some upkeep. Twice a year, or as needed, check and clean the fan grille (if accessible). See manual for additional information.

Fan Warranty Information: ☐ Provided ☐ Not Provided

Controller Warranty Information: ☐ Provided ☐ Not Provided

Customer Verification

This certifies that _____ has explained the ventilation system(s) installed in my home, how it operates, and how I should take care of it. I am to call the installer listed above with any questions regarding the operation of my ventilation system.

Client Signature	Date	Agency Representative Signature	Date

Original – Agency File *(always)*
Copy – Client *(always)*

09/10/12

Refrigeration Appliance Data Sheet

Iowa Weatherization Program

Vendor: _____ Contact Person: _____

Address: _____ City, Zip: _____

Phone: _____ Date: _____

Appliance Cost: _____ Prices good from _____ to _____

Delivery Fee: _____ Removal Fee: _____

Brand: _____ Model Number: _____ Energy Star

Refrigerators	Freezers	Defrost	Color
Top Freezer	Chest	Automatic	Black
Bottom Freezer	Upright	Partial Automatic	White
No Freezer		Manual	Other
Side-by-Side			

_____ Annual Energy Consumption (kWh)

_____ Rating

_____ Fresh Food Volume (cu ft)

_____ Freezer Volume (cu ft)

_____ Total Volume (cu ft)

_____ Height (inches)

_____ Width (inches)

_____ Depth (inches)

UL Standards: All replacement refrigerators must meet UL-250 (1993) standards.

Disposal Agreement: All refrigerator units which are to be replaced must be properly disposed of according to the environmental standards in the Clean Air Act (1990) Section 68, as amended by Final Rule, 40 CFR 82, May 14, 1993.

Revised 04-18-14

Refrigeration Appliance Vendor Agreement

Iowa Weatherization Program

The following agreement is made between the local Weatherization Program and:

Vendor: _____ Local Agency: _____

Address: _____ Address: _____

City, State, Zip: _____ City, Zip: _____

Phone Number: _____ Phone Number: _____

The above named vendor offers the price quotes and appliances contained on the Appliance Data Sheets (attached) and agrees to abide by the following conditions:

1. Guarantees the attached quote prices for a period of _____ months from the date of signature.
2. To deliver goods and services in all counties listed: _____.
3. To make delivery to the client within _____ days after receiving approval notification from the agency.
4. To remove all designated appliances from the clients' homes.
5. To destroy any and all appliances removed from the clients' homes to assure future use is prevented. The appliances must be disposed of according to the environmental standards in the Clean Air Act (1190), Section 608, as amended by Final Rule, 40 CFR 82, May 14, 1993.
6. To provide normal covered service after the sale.
7. To maintain commercial general liability insurance coverage in an amount deemed sufficient by the local agency.
8. To maintain automobile insurance coverage in an amount deemed sufficient by the local agency.
9. To provide the agency a detailed billing for each house including manufacturer, model number and price for each unit delivered in the case of replacement.
10. To hold in confidence all names and addresses of clients.
11. In some situation, an appliance will be removed without any replacement or two or more appliances removed with only one replacement. I ☐ **do** *or* ☐ **do not** agree to provide such removal services for $_____ per additional appliance removed.

Vendor Representative Signature: _____ Date: _____

Agency Representative Signature: _____ Date: _____

Client Refrigeration Appliance Agreement

Iowa Weatherization Program

Vendor Name:	_____	Client Name:	_____
Contact Name:	_____	File Number:	_____
Address:	_____	Address:	_____
City, State, Zip:	_____	City, Zip:	_____
Phone:	_____	Phone:	_____

The Iowa Weatherization Assistance Program will provide you with new refrigeration appliances in exchange for low efficiency refrigeration appliances that are currently in service in your house. The appliances to be removed must meet certain requirements for energy consumption, and will be metered by the evaluator prior to offering new appliance(s). Your old appliance(s) will be removed from your home and disposed of. The new appliance(s) will be provided at no charge. You will be responsible for removing all food items from your old appliance(s) and transferring them to the new appliance(s).

The evaluator is responsible for assuring the replacement appliance will fit into the space available and will be delivered with the door hinged on the proper side.

Appliances to be installed by the Weatherization Assistance Program:

	Appliance 1		Appliance 2		Appliance 3	
Contract ID:						
Type:	☐ Refrigerator ☐ Freezer		☐ Refrigerator ☐ Freezer		☐ Refrigerator ☐ Freezer	
Brand:						
Energy Rating:						
	Annual kWh Usage (Old)	BART Repl Rating (New)	Annual kWh Usage (Old)	BART Repl Rating (New)	Annual kWh Usage (Old)	BART Repl Rating (New)
Model:						
Size (cu ft):						
Color:						
Door Hinge:	☐ Left ☐ Right		☐ Left ☐ Right		☐ Left ☐ Right	
Defrost:	☐Auto ☐Partial Auto ☐Manual		☐Auto ☐Partial Auto ☐Manual		☐Auto ☐Partial Auto ☐Manual	
Ice Maker:	☐ Inside ☐ Door ☐ None		☐ Inside ☐ Door ☐ None		☐ Inside ☐ Door ☐ None	

Appliances owned by the client:

Will Remain	To Be Removed	To Be Replaced	Description	Location	Metering Duration	Meter Reading
☐	☐	☐				
☐	☐	☐				
☐	☐	☐				

Please sign below to acknowledge this agreement:

☐ I *accept* the Weatherization Program's offer to replace and remove the above appliance(s).

☐ I *refuse* the Weatherization Program's offer to replace and remove the above appliance(s).

Client Signature: _____ Date: _____

Evaluator Signature: _____ Date: _____

Original – Agency File *(when applicable)*
Copy – Vendor *(when applicable)*
Copy – Client *(when applicable)*

9/4/08

Disposal Request Form

Iowa Weatherization Program

Agencies must notify the **DCAA**, in writing, of its intent to dispose of unneeded equipment or vehicles with an **original per unit purchase price of $5,000 or more**. This form is to be used when the item being disposed of is not being replaced. In cases where the item will be replaced, use the Replacement/Purchase Request Form.

Refer to Section 9.50 of the Policies and Procedures manual for more information.

Agency Name: _____ **Date:** _____

Funds used to purchase item:

- ☐ DOE - Admin/Support
- ☐ DOE - ARRA
- ☐ HEAP - Equipment/Training
- ☐ HEAP - Admin/Support
- ☐ Other *(specify)* _____

Proposed method of disposal:

- ☐ Transfer (to another federally funded program)
- ☐ Sell (at auction)
- ☐ Sell (via advertising)
- ☐ Junk

Quantity	Item Description (Year/Brand/Make/Model/VIN/Serial Number)	Mileage (if applicable)	Estimated Present Value	Method for Determining Present Value

Disposal Explanation: Include reason for disposal of the item, the exact method of disposal (auction, craigslist, eBay, etc.), and the anticipated timeline. Also attach supporting documentation to support current market valuation of the item.

Agency Review:

Agency Representative Approval: _____ **Date:** _____

(Entering your name serves as your digital signature)

Agency Represtantive Title: _____

Agency Contact Person: _____

DCAA Review:

DCAA Approval: ☐ Yes ☐ No

DCAA Representative Approval: _____ **Date:** _____

(Entering your name serves as your digital signature)

Vehicle and Equipment Replacement/Purchase Request Form

Iowa Weatherization Program

The purchase/replacement of vehicles and equipment using weatherization funds must have prior approval.
DOE funds must have prior **DCAA and DOE** approval when the **unit purchase price is $5,000 or more**.
HEAP funds must have prior **DCAA** approval when the **unit purchase price is $5,000 or more**.

Refer to Section 9.0 of the Policy and Procedures manual.
The agency is responsible for ensuring that it has sufficient funds to cover the cost of the requested purchase.

Agency Name: _____ **Date:** _____

Funds to be used: ☐ DOE ☐ HEAP Equipment ☐ HEAP Admin/Support ☐ Other *(specify)* _____

Reason new vehicle/equipment is needed: ☐ Replacement ☐ Other *(specify)* _____

Purchase Justification: Explain why the vehicle(s)/equipment is needed and who will be using the items. If the purchase is to replace a vehicle(s) or piece of equipment, please explain why.

Vehicle(s)/Equipment Being Replaced (if applicable)**:**

Item Description (Year/Brand/Make/Model/VIN/Serial Number)	**Quantity**	**Mileage** (if applicable)	**Original Funding Source** (HEAP/DOE/ DOE ARRA/ Other)	**Estimated Present Value***	**Method of Disposal** (Trade/Sell/Scrap/Transfer)

**** NOTE:*** *All documentation relating to the vehicle/equipment being replaced must accompany this form (trade-in offer, Kelly Blue Book, NADA, Ebay, or similar comparison value printout (if applicable).*

New Vehicle(s)/Equipment Being Requested:

Item Description (Year/Brand/Make/Model/VIN/Serial Number)	**Quantity**	**Unit Price**	**Trade-In or Other Credit** (if applicable)	**Net Cost**
				$ 0.00
				$ 0.00
				$ 0.00
				$ 0.00

Was the bid proposal advertised in a newspaper or other media? ☐ Yes ☐ No ☐ N/A
** Not applicable if bid was not advertised in a newspaper or other media.*
** Advertisement must be sent along with this form.*

If applicable, in which media did you advertise? _____

If applicable, dates advertised. **From** _____ **To** _____

Number of bid proposals sent to vendors. _____ ☐ N/A
** Not applicable if bid request was advertised.*

Number of bids received back from vendors. _____ **Selected vendor was low bidder.** ☐ Yes ☐ No

Selected Vendor Name: _____

Bid Specifications: *(* In ALL cases, bid requests must be sent along with this form for review.)* If vendor selected was not low bidder, explain the reason the vendor was chosen.

Agency Review:

Agency Representative Approval: _____ **Date:** _____
(Entering your name serves as your digital signature)

Agency Represtantive Title: _____

Agency Contact Person: _____

DCAA Review: *DCAA Approval:* ☐ Yes ☐ No

DCAA Representative Approval: _____ **Date:** _____
(Entering your name serves as your digital signature)

DOE Review: *DOE Approval Needed:* ☐ Yes ☐ No *DOE Approval:* ☐ *Yes* ☐ No

DOE Representative Approval: _____ **Date:** _____
(Entering your name serves as your digital signature)

DOE Representative Title: _____

Notes:

Revised 09/23/15

Equipment/Vehicle User Fee Approval Form

Iowa Weatherization Program

Equipment and vehicles purchased with Weatherization Program funds cannot be used for non-weatherization activities unless the Weatherization Program is compensated fairly for the use of the equipment and vehicles.

Agencies must request and receive prior approval from the **DCAA** before using equipment/vehicles for non-weatherization activities.

See Section 9.70 of the *Iowa Weatherization Policies and Procedures Manual* for more information.

Agency Name: _____ **Requested Effective Date:** _____

**** Once approved, fees will be in effect for 12 months***

EQUIPMENT

Agency equipment may only be used by agency personnel for other programs and demonstrations and by private contractors on homes where they are preparing a bid for the agency or have been awarded a contract by the agency. A user fee of $25 per job for a group of equipment has been established. A user fee of $25 per day has been established for the use of insulation blower machines.

	Item	User Fee
☐	Insulation Blower Machine	$25/Day
☐	All Other Equipment (as a group)	$25/Job

Please list equipment to be rented: _____

VEHICLES

Agencies must determine and indicate which method of reporting funds received as rental fees will be used.

☐ Method #1 (split the credit between the HEAP Equipment/Training line item and the Support line)

☐ Method #2 (total credit to HEAP Equipment/Training line item)

Method #1

Agencies may choose to split the compensation between the HEAP Equipment/Training line item and the Support line. Doing this will allow the agency to recover the maintenance costs associated with that vehicle (gas, repairs, insurance, registration, etc.) which are paid with support funds.

BASE COSTS

_____ Vehicle Year
_____ Vehicle Make/Model
_____ VIN (Vehicle Identification Number)
_____ Initial cost of vehicle (purchase price)
_____ Useful life of vehicle (IRS Publication
_____ Annual mileage (yearly average)

_____ / _____ = _____
(initial cost of vehicle) (useful life of vehicle) (cost per year)

_____ / _____ = _____
(cost per year) (annual mileage) (base cost per mile)

** The base cost per mile will be credited to the HEAP Equipment/Training line item on the 102 Report.*

ANNUAL COSTS

_____ Annual fuel costs (previous year)
_____ Vehicle registration
_____ Insurance coverage
_____ Annual maintenance costs (oil changes, tires, repairs, etc.)
_____ TOTAL Annual Costs

_____ / _____ = _____
(total annual costs) (annual mileage) (annual costs per mile)

** The annual cost per mile will be credited to the HEAP Support line item to offset monthly/annual expenses.*

Method #2

Agencies may report 100% of the funds received as rental fees as a credit to the HEAP Equipment/Training line item on the 102 Report. Complete the calculations under Method #1 and transfer the base and annual costs per mile to this section.

_____	+	_____	=	_____
(base cost per mile)		(annual costs per mile)		(total costs per mile)

** The base cost per mile and the annual costs per mile will be credited to the HEAP Equipment/Training line item.*

Agency Review:

Agency Representative Approval: _____ Date: _____

(entering your name serves as your digital signature)

Agency Represtantive Title: _____

Agency Contact Person: _____

Comments

DCAA Review:

DCAA Approval: ☐ Yes ☐ No

DCAA Representative Approval: _____ Date: _____

(entering your name serves as your digital signature)

Comments

Fuel Switching Request

Iowa Weatherization Program

This form should be used when requesting approval to switch fuel sources in a dwelling.
By sending this request, the agency is certifying the client agrees to the fuel switch and has signed a statement from the agency confirming the agreement. If the switch is due to health and safety and results in converting to a higher cost fuel, the agency has explained this to the client.

Agency Name:_____ Date:_____

Agency Contact Person: _____ Phone: _____

Client Name: _____ File Number: _____

Address: _____ City, Zip: _____

Phone Number:_____

Appliance *(one request per appliance)*	Reason for Fuel Switch	Fuel Type/Costs
☐ Furnace	☐ Cost-Effectiveness	Current Fuel Type: Choose fuel type
☐ Water Heater	☐ Health & Safety	Proposed Fuel Type: Choose fuel type
		Estimated Additional Cost to Switch Fuel: _____

Reason for fuel switch *(approval will not be given without an explanation)*:

DCAA Review

DCAA Approval: Yes No Date: _____

Reviewed By: _____

Notes: _____

Please keep a copy in the client house file

Reset Form

Revised 07-17-15

Fuel Switching Request Calculations Worksheet

Iowa Weatherization Program

This form should be used in conjunction with the Fuel Switching Request form when requesting approval to switch heating unit fuel sources for any reason. Complete one calculation sheet per heating unit.

Client Name: _____ File Number: _____

Address: _____ City, State: _____

SECTION A

(complete fields for existing unit efficiency and proposed unit efficiency)

Fuel Source

Existing	Proposed								
☐	☐	Electric	_____	x 292	=	$ 0.00	/	_____	= _____
		Fuel cost per kWh (see chart below or enter other cost)						*Efficiency as a decimal*	*Cost per Million Btu's*
☐	☐	Natural Gas	_____	x 10	=	$ 0.00	/	_____	= _____
		Fuel cost per therm (see chart below or enter other cost)						*Efficiency as a decimal*	*Cost per Million Btu's*
☐	☐	Fuel Oil	_____	x 7.14	=	$ 0.00	/	_____	= _____
		Fuel cost per gallon (see chart below or enter other cost)						*Efficiency as a decimal*	*Cost per Million Btu's*
☐	☐	Propane	_____	x 11.1	=	$ 0.00	/	_____	= _____
		Fuel cost per gallon (see chart below or enter other cost)						*Efficiency as a decimal*	*Cost per Million Btu's*
☐	☐	Air-to-Air Heat Pump	_____	x 292	=	$ 0.00	/	_____	= _____
		Fuel cost per kWh (see chart below or enter other cost)						*Efficiency as a decimal*	*Cost per Million Btu's*

Statewide Average Fuel Costs

Electric	$0.105	cost per kWh
Natural Gas	$0.930	cost per therm
Fuel Oil	$3.490	cost per gallon
Propane	$1.860	cost per gallon

SECTION B

1. **MILLION** Btu's used in the last 12 months* _____

(This information is obtained from the client utility usage report or bill AND converted into Million Btu's using the Btu Conversion Factors below)

*(Make sure the conversion is to **MILLION** Btu's)*

(**NOTE:** If this is an **ALL-ELECTRIC** home, only indicate Btu's used from the October through May)*

2. Fuel Cost *(existing system)* x **MILLION** Btu's _____

Existing system fuel cost per Million Btu's (from Section A above) x Million Btu's used last winter (from Section B Line 1)

3. Fuel Cost *(proposed system)* x **MILLION** Btu's _____

Proposed system fuel cost per Million Btu's (from Section A above) x Million Btu's used last winter (from Section B Line 1)

Savings: $ 0.00

_____ / $ 0.00 = _____ *(If the payback is less than 15 years, it is cost effective to switch fuels)*

**Total installation cost* — *Savings* — *Payback in years*

*Includes cost of appliance, ductwork, etc.

Appliance Efficiency Key

Appliance	Efficiency Range	Efficiency as a Decimal
Electric	100%	1
Natural Gas or Propane	70% - 98%	.70 - .98
Oil	70% - 80%	.70 - .80
Air-to-Air Heat Pump	100% - 180%+	1.0 - 1.8+

Btu Conversion Factors

Electric	1 kWh	=	3,400 Btu's
Natural Gas	1 CCF	=	100,000 Btu's
Natural Gas	1 therm	=	100,000 Btu's
Propane	1 gallon	=	91,300 Btu's
Fuel Oil	1 gallon	=	135,000 Btu's

Revised 06/22/15

Fuel Switching Request Calculations Worksheet

Iowa Weatherization Program

This form should be used in conjunction with the Fuel Switching Request form when requesting approval to switch heating unit fuel sources for any reason. Complete one calculation sheet per heating unit.

Client Name: _____ File Number: _____

Address: _____ City, State: _____

SECTION A

(complete fields for existing unit efficiency and proposed unit efficiency)

Fuel Source

Existing	Proposed										
☐	☐	Electric		x	292	=	$0.0000	/		=	
			Fuel cost per kWh (see chart below or enter other cost)						*Efficiency as a decimal*		*Cost per Million Btu's*
☐	☐	Natural Gas	$0.9300	x	10	=	$9.3000	/	0.95	=	$9.79
			Fuel cost per therm (see chart below or enter other cost)						*Efficiency as a decimal*		*Cost per Million Btu's*
☐	☐	Fuel Oil	$2.5000	x	7.14	=	$17.8500	/	0.65	=	$27.46
			Fuel cost per gallon (see chart below or enter other cost)						*Efficiency as a decimal*		*Cost per Million Btu's*
☐	☐	Propane		x	11.1	=	$0.0000	/		=	
			Fuel cost per gallon (see chart below or enter other cost)						*Efficiency as a decimal*		*Cost per Million Btu's*
☐	☐	Air-to-Air Heat Pump		x	292	=	$0.0000	/		=	
			Fuel cost per kWh (see chart below or enter other cost)						*Efficiency as a decimal*		*Cost per Million Btu's*

Statewide Average Fuel Costs

Electric	$0.105	cost per kWh
Natural Gas	$0.930	cost per therm
Fuel Oil	$3.490	cost per gallon
Propane	$1.860	cost per gallon

SECTION B

1. **MILLION** Btu's used in the last 12 months* 135 (used 1,000 gallons fuel oil) (1 gal fuel oil = 135,000 Btu's) (1,000 gallons x 135,000 Btu's = 135,000,000 Btu's or 135 MMBtu)

(This information is obtained from the client utility usage report or bill AND converted into Million Btu's using the Btu Conversion Factors below)

*(Make sure the conversion is to **MILLION** Btu's)*

(**NOTE:** If this is an **ALL-ELECTRIC** home, only indicate Btu's used from the October through May)*

2. Fuel Cost *(existing system)* x **MILLION** Btu's $3,707.10 (fuel oil cost per Million Btu's = $27.46) ($27.46 x 135 = $3,707.10)

Existing system fuel cost per Million Btu's (from Section A above) x Million Btu's used last winter (from Section B Line 1)

3. Fuel Cost *(proposed system)* x **MILLION** Btu's $1,321.65 (natural gas cost per Million Btu's = $9.79) ($9.79 x 135 = $1,321.65)

Proposed system fuel cost per Million Btu's (from Section A above) x Million Btu's used last winter (from Section B Line 1)

Savings: $2,385.45

$2,700.00	/	$2,385.45	=	1.13
**Total installation cost*		*Savings*		*Payback in years*

(If the payback is less than 15 years, it is cost effective to switch fuels)

*Includes cost of appliance, ductwork, etc.

Appliance Efficiency Key

Appliance	Efficiency Range	Efficiency as a Decimal
Electric	100%	1
Natural Gas or Propane	70% - 98%	.70 - .98
Oil	70% - 80%	.70 - .80
Air-to-Air Heat Pump	100% - 180%+	1.0 - 1.8+

Btu Conversion Factors

Electric	1 kWh	=	3,400 Btu's
Natural Gas	1 CCF	=	100,000 Btu's
Natural Gas	1 therm	=	100,000 Btu's
Propane	1 gallon	=	91,300 Btu's
Fuel Oil	1 gallon	=	135,000 Btu's

Revised 06/22/15

Exempt from SHPO Review
Project Determination Form

After referencing the Programmatic Memorandum of Understanding (PMOU) to verify that the project activity does not need to be reviewed by SHPO, use this form to document compliance with the SHPO consultation portion of Section 106. A copy must be in each house file.

As an example, here are the steps you should take:

- Evaluate the home
- Compare measures to be done on the home with Appendix A and B of the PMOU
- If all proposed measures to the home are included in Appendix A and/or B, the house is less than 45 years or it is a mobile home, then fill out this form, sign and date it, and include the original in your house file.

Agency Name: _____ **Contract Number:** _____

For more information on this request, contact:

Contact Name: _____ **Contact Phone #:** _____

Project Address (Street, City, Zip): _____ **Project County:** _____

Wx File Number: _____

Project Description: (check all that apply – use additional page to describe other types of work)

Air sealing
Thermal insulation (wall, attic foundation, floor)
Attic ventilation (roof, gable, soffit) (not visible from public right-of-way)
Replace/repair water heater (using existing venting or venting not visible from public right-of-way)
Replace/repair furnace (using existing venting or venting not visible from public right-of-way)
Furnace clean and tune
Compact fluorescent bulbs
Refrigerator/freezer replacement
Smoke and/or CO alarm
Exhaust fans (venting not visible from public right-of-way)
Showerhead/faucet aerators/water pipe wrap
Minor repair to doors and/or windows (work closely resembles existing wood work)
New door (door openings are not altered and not visible from public right-of-way)
New window (replacement of vinyl windows with ones reflecting the period, style or characteristics of home)
Other repair work (please describe) _____

Reason Project Activity is Exempt from SHPO Review: (reproduce reason from the Programmatic Agreement (PA))

All proposed measures are included in exhibit A and/or B of the MOU
Age of home – house is _____ years old
Mobile home

Pictures: Take a "before" picture of the primary façade of any buildings directly impacted by the project activities. Include in house file.

Applicant Certification:
As the duly designated certifying official of the recipient, I also certify that: I am authorized to and do consent to assume the status of responsible federal official under the National Environmental Policy Act of 1969 and each provision of law designated in the 24 CFR 58.

_____ _____
Signature and Title of Certifying Officer of Applicant Date

REQUEST FOR SHPO COMMENT

_____ This is a new submittal

_____ This is additional information relating to SHPO R&C #: _____

Instructions for completing this form are available in the User's Manual, found online at www.iowahistory.org/historic-preservation/review-and-compliance/index.html under "Review and Compliance". If you have questions while completing the form, please reference the user's Manual before contacting your project administrator or SHPO, as appropriate. Please attach a copy of the lead federal agency statement and/or the signature authorization form to your submittal, if applicable.

Cover Letter: Please include a cover letter with a comprehensive description of the Area of Potential Effect (APE) and project activities. The APE should include the project area, all easements, burrow areas, equipment and material storage and staging areas. I applicable, describe excavation and other earthmoving activities including three-dimensional parameters (length, width and depth).

I. General Information

Project Name/Property Owner: _____ Wx File Number: _____

Property Street and Number: _____ City, State, Zip: _____

County: _____

Lead Federal Agency: DOE Federal Funding Program/Permit: DOE WAP

Contact Person on Project: _____ Contact Email: _____

Contact Street and Number: _____ Contact Phone: _____

City, State, Zip: _____

II. Identification of Historic Places

Please check box indicating whether you are requesting an archaeological and/or architectural review of the project and include each of the items requested.

_____ Archaeology

- _____ 7.5 min Quad U.S.G.S. (1-mile radius) with quad name and APE outlined (maps on line at www.ortho.gis.iastate.edu)
- _____ Site plan showing limits of proposed activities or general layout (engineering)
- _____ Aerial photo: zoom to project area (photos on line at www.ortho.gis.iastate.edu)
- _____ Description of width and depth of proposed excavation and current conditions of project area
- _____ OSA site file search, Phase IA or Phase I (whichever is appropriate per Users Manual)
- _____ Number of acres in project: _____
- _____ Legal location: Section(s): _____ Township: _____ Range(s): _____

_____ Architecture

- _____ Date or original construction for the building
- _____ Previous site information available (contact Iowa Site Inventory Coordinator)
- _____ Updated or new Iowa site Inventory Form (available online at www.iowahistory.org/preservation)
- _____ Clear photos of property and surrounding area (see Users Manual)
- _____ Location map (no bigger than 11x17) with APE clearly defined (Quad map or city plat map – see Users Manual)

_____ Copy of county or city assessor's card record or other appropriate property information (see Users Manual)

Detailed description of proposed action, including copy of project specifications if applicable

III. Applicant Certification

(Check either Adverse Effect or No Adverse Effect for Historic Property Affected category)

Determination of Effect (check one)

_____ **No historic properties will be affected** (i.e., none are present or there are historic properties present but the project will have no effect upon them)

_____ **No adverse effect to a historic property** (i.e., historic property is present and affected. However, the project either has no adverse effect on the historic property, or the applicant or other federally authorized representative will consult with SHPO to modify the project or impose conditions to avoid adverse effects)

_____ **Adverse effect to a historic property** (i.e., historic property is present and adversely affected. The applicant, or other federal authorized representative, will consult with the SHPO and other consulting parties to resolve the adverse effect.)

I understand that the SHPO has 30 days from receipt to object to the finding, after which the SHPO waives its opportunity to comment on this undertaking.

Federally Authorized Signature: _____ Date: _____

Typed Name and Title: _____

Submit one copy with each property for which our comment is requested.

Return to: Review and Compliance Coordinator, State Historic Preservation Office, 600 E. Locust St. Des Moines, IA 50319-0290

Instructions for Exempt from SHPO Review, Project Description Form

Please print or type this form

Once it has been determined that the house is not subject to SHPO Section 106 review, complete this form and maintain it in the appropriate client/house file.

1. Agency Name: self explanatory
2. Contract Number: fill in your agency's weatherization contract number (i.e. DOE-ARRA-09-01B)
3. Contact name: indicate name of person to contact with questions about this house
4. Contact phone number: include phone number of person listed in #3
5. Project Address: record the street number, street name, city and zip code of the house
6. Project County: indicate county where house is located
7. WX File Number: record the complete file number including agency number(i.e. 04-01-123)
8. Project Description: check the measures you will be completing on the house, if there are other measures not listed, but are included in Appendix A and/or B attach a separate sheet of paper listing those measures and where they are in the Appendix.
9. Reason Project Activity is Exempt: check the appropriate line. If the property is exempt because it is less than 45 years old, indicate the age of the house.
10. Pictures: Include a digital picture of the front of the house
11. Applicant Certification: sign and date the form
12. Maintain the form and photo in the appropriate client/house file
13. You may begin work on the house

Instructions for Request for SHPO Comment

Please print or type this form

If a house is not exempt from SHPO review, complete Section I (General Information) of this form and send it to SHPO.

1. Project Name or Property Owner: Name of client
2. Property Street and Number: self explanatory
3. County: self explanatory
4. City: self explanatory
5. Zip: self explanatory
6. Lead Federal Agency: DOE
7. WX File Number: record the complete file number including agency number(i.e. 04-01-123)
8. Federal Funding Program/Permit: DOE WAP
9. Contact Person on Project: indicate name of person to contact with questions about this house
10. Contact Address, City, State, Zip: address of person listed in #9
11. Email, Phone: of person listed in #9
12. With the form you must send:
    a. Digital pictures of all sides of the house
    b. Digital pictures of the streetscape – each way down the street from the house
    c. Digital pictures of areas where work will be performed
    d. Copy of the county assessor's card of the property
    e. Detailed description of **all** the work to be completed
13. Send the form and all required information to SHPO – <u>you may not begin work on the house until completion of the SHPO Section 106 review.</u>

Multi-Unit Dwelling Approval Form

Iowa Weatherization Programs

For projects using NEAT Audit

This form **must** be used when requesting approval from DCAA to weatherize dwellings that contain between five (5) and twenty four (24) individually heated units. The NEAT audit can be used on this type dwelling.

Agency: _____ ***Date:*** _____

Agency Contact Person for Project: _____ ***Contact Person Phone:*** _____

Project Name: _____ ***Address, City:*** _____

Project Contact Person: _____ ***Project Person Phone:*** _____

Project Ownership: ____ Private *(for profit)* ____ Private *(non-profit)* ____ Public/Municipal ____ Other *(please describe)* _____

Total number of buildings in project: _____

Number of units per building *(if varied, attach list of number of units by building):* _____

Number of stories per building *(if varied, attach list of number of stories by building):* _____

Size of units *(if varied, give size range or average size):*

1 bedroom unit _____ sq ft
2 bedroom unit _____ sq ft
3 bedroom unit _____ sq ft

Configuration of building:

_____ Separate exterior entrance for each unit *(little or no common areas)*
_____ Common exterior entrance used for multiple units *(common halls/stair areas)*
_____ Other *(please describe)* _____

Roof configuration: _____ Flat ____ Pitched

Method used to determine 66% tenant eligibility:

_____ Property on DOE list of eligible units – List #
_____ Eligibility determined by local agency through client application process
_____ Other *(please describe)* _____

Description of how the agency will ensure that the weatherization benefits will accrue to the tenants:

Anticipated date of project completion:

Do any heating systems or water heaters need to be repaired or replaced? Yes No

If yes, has the landlord agreed to pay the cost of the repair/replacements? Yes No

Has the NEAT Audit been run on at least one of each different type of unit in each building? Yes No *(including a first floor unit, top floor unit, unit without a foundation)* ***Attach a copy of the NEAT Audit runs for each different type of unit.***

Describe energy efficiency measures to be installed:

Describe any health and safety issues that will be mitigated using program funds *(include estimated cost of mitigation)**:***

Describe any repairs required to complete project *(include estimated cost of repairs)*:

Estimated cost of all weatherization work including health and safety costs *(total costs are limited to number of eligible tenants x $6,987 {current DOE per home average})**:*** ***$_____***

DCAA Review

Approval: _____ Yes _____ No
Reviewed By: _____ Date: _____
Comments: _____

Multi-Unit Dwelling Approval Form

Iowa Weatherization Programs

For projects using different audit tool

This form **must** be used when requesting approval from DCAA to weatherize dwellings that contain more than 24 units or between 5 and 24 with a single heating system. The NEAT audit cannot be used on this type dwelling; an alternative audit, EA-Quip or TREAT, must be used.

Agency: _____ *Date:* _____

Agency Contact Person for Project: _____ *Contact Person Phone:* _____

Procedural Review Process

Project Name: _____ *Address, City:* _____

Project Contact Person: _____ *Project Person Phone:* _____

Project Ownership: ____ Private *(for profit)* ____ Private *(non-profit)* ____ Public/Municipal ____ Other *(please describe)* _____

Total number of buildings in project: _____

Number of units per building (if varied, attach list of number of units by building): _____

Number of stories per building (if varied, attach list of number of stories by building): _____

Size of units (if varied, give size range or average size):

1 bedroom unit _____ sq ft
2 bedroom unit _____ sq ft
3 bedroom unit _____ sq ft

Configuration of building:

_____ Separate exterior entrance for each unit *(little or no common areas)*
_____ Common exterior entrance used for multiple units *(common halls/stair areas)*
_____ Other *(please describe)* _____

Roof configuration: _____ Flat ____ Pitched

Method used to determine 66% tenant eligibility:

_____ Property on DOE list of eligible units – List #
_____ Eligibility determined by local agency through client application process
_____ Other *(please describe)* _____

Description of how the agency will ensure that the weatherization benefits will accrue to the tenants:

Describe planned audit procedures using either EA-Quip or TREAT:

DCAA Procedural Review

Approval: _____ Yes _____ No
Reviewed By: _____ Date: _____
Comments: _____

Work Plan Review

Anticipated date of project completion:

Do any heating systems or water heaters need to be repaired or replaced? Yes No

If yes, has the landlord agreed to pay the cost of the repair/replacements? Yes No

Describe energy efficiency measures to be installed:

Describe any health and safety issues that will be mitigated using program funds *(include estimated cost of mitigation)**:***

Describe any repairs required to complete project *(include estimated cost of repairs)*:

Estimated cost of all weatherization work including health and safety costs *(total costs are limited to number of eligible tenants x $6,987 {current DOE per home average})**:*** ***$_____***

DCAA Work Plan Review

Approval: _____ Yes _____ No

Reviewed By: _____ Date: _____

Comments: _____

Approval for Electrical Measures

Iowa Weatherization Program
(pilot program to replace knob and tube wiring in homes)

Agency _____ Date _____

Contact Person _____ Phone _____

Client Name _____ File Number _____

Address _____ City, Zip _____

Phone _____ Ownership ☐ Owner ☐ Renter

This form is to be used to request approval to use HEAP Pilot Project funds to upgrade or replace knob and tube (K&T) wiring and service only in owner-occupied homes, in order to install weatherization measures. Only homes that will receive complete weatherization services are to receive these electrical measures.

The HEAP Pilot Project Funds are for a maximum of $5,000. General Health & Safety weatherization funds (within expenditure limits) may also be used to upgrade or replace K&T wiring/service. Any additional expenses above these limits must be paid from other sources, such as HUD, FmHA, housing trust funds, client contributions, etc.

Provide a brief description of the work to be done.

Enter the cost to perform the work stated above.

Are there any repairs costs as a result of this work included in the bid amount submitted? If not, what is the estimated cost to complete the repairs?

List each funding source and the amount that each source will contribute toward this project (General Health & Safety Repairs, HUD, USDA, client contributions, etc.

** Email completed form to Chris Bracy at chris.bracy@iowa.gov.*

DCAA Review

Approval ☐ Yes ☐ No

Reviewed By _____ Date _____

Comments

11-19-15

Approval for Additional Insulation Measures

Utility Company:

Date:

CAP Agency Name:

CAP Agency Contact Person (include e-mail):

CAP Agency Telephone:

Client Name:

Client Address:

Utility funds to be expended to complete the insulation at this address: $
(Include brief explanation)

Request approved ☐. denied ☐

By utility company representative:

Submit to:
Alliant – Rob Buchanan – RobBuchanan@alliantenergy.com
Black Hills – Jim Dillon – Jim.Dillon@blackhillscorp.com

Approval for Additional Insulation Measures

Utility Company: MidAmerican Energy Company

Date: _____

CAP Agency Name: _____

CAP Agency Contact Person (include e-mail): _____

CAP Agency Telephone: _____

Client Name: _____

Client Address: _____

Utility funds to be expended to complete the insulation at this address: _____

_____

Insulated areas of the home include: _____

_____

Request approved _____ denied _____

By utility company representative: Erin Rasmussen

Please scan and email or fax completed waiver request to:

Erin Rasmussen
Energy Efficiency Product Manager
Erasmussen@midamerican.com
Phone: 563-333-8873

$12,000 Expenditure Limit Waiver Request

Iowa Weatherization Program

DCAA prior approval is required when estimated labor and material costs of ALL measures will be more than $12,000.

Agency Name: _____ Date: _____

Agency Contact Person: _____ Phone Number: _____

Client Name: _____ File Number: _____

Address: _____ City, Zip: _____

Phone Number: _____ SIR: _____

Total Estimated Costs:

	Material Cost:	Labor Cost:	Total Cost:
Insulation *(attic, walls, foundation, bandjoists, etc.)*			$0.00
Infiltration *(weatherstrip, caulk, liquid foam, etc.)*			$0.00
Air Sealing *(rigid foam, bypass sealing materials, etc.)*			$0.00
Heating System			$0.00
Water Heater			$0.00
Furnace and Water Heater Venting			$0.00
Other Health & Safety			$0.00
Refrigerator			$0.00
Freezer			$0.00
General Health & Safety Repair (refer to limit)			$0.00
Incidental Repair (refer to limit)			$0.00
Ventilation *(duct, termination, wiring of fan, etc.)*			$0.00
Other			$0.00
TOTAL:	$0.00	$0.00	$0.00

List all funds and dollar amounts to be used:

☐ HEAP _____ ☐ ECIP _____ ☐ OTHER _____

☐ DOE _____ ☐ UTILITY _____ *(specify)* _____

☐ CLIENT _____

Total: $0.00

Provide an explanation for the high cost for any of the cost categories listed above.
If costs are shown in the OTHER HEALTH & SAFETY, GENERAL HEALTH & SAFETY REPAIR, INCIDENTAL REPAIR, or OTHER category, describe what is included.
Approval will not be given without an explanation.

Reset Form

DCAA REVIEW:

DCAA Approval: ☐ Yes ☐ No

Reviewed By: _____ Date: _____

Notes: _____

Revised 04/08/15

$12,000 Expenditure Limit Waiver Request
Form Explanation

Iowa Weatherization Program

DCAA prior approval is required when estimated labor and material costs will be more than $12,000.

SIR Field

* List the SIR that is given by the NEAT/MHEA Audit for this home. Costs for insulation, incidental repairs, infiltration, and heating system should be included in the NEAT/MHEA SIR.

Total Estimated Costs Section

* The estimated costs are to be entered under the correct category.

* *General Health and Safety Repairs* are those items listed in section 7020 of the Work Standards. Refer to the Weatherization General Appendix for the current expenditure limit. There are no waivers for this limit.

* *Incidental Repairs* are items listed in section 7010 of the Work Standards. The cost is limited by the NEAT/MHEA Audit (i.e. the costs must be included in the NEAT/MHEA Audit's SIR calculation and the cumulative SIR must be at least 1.0). However, if the cost seems unusually high, the waiver may be denied or more information may be needed for its approval. For more information on this category put your cursor on the red triangle in this cell.

* *Other* usually consists of water heater measures and CFLs.

* The costs need to be broken out by funding source and the ending total should be the same as that listed above.

* ECIP funds are included in the limit as are DOE, HEAP, and Utility funds. Client contributions and other should be listed if known, but usually don't count towards the limit.

* When any of the listed costs are high, an explanation of why they are high, should be listed. Some examples of this are; installing drywall to separate the garage from the home, removing and drywalling over a suspended ceiling, a lot of blockers in the sidewalls, difficulty in removing the siding, exceptionally large home with 3500 sq.ft., etc.

Flat Rate Adjustment Form

Iowa Weatherization Program

This form must be used when the agency proposes an adjustment to the labor rate for contractors operating under the flat rate method. Labor rates may be adjusted using one of the cost of living indices outlined in the Policy and Procedures Manual; however, DCAA approval to adjust the rate must be obtained.

Agency Name: _____ Date: _____

Address: _____ Contact: _____

City, Zip: _____ Phone: _____

Adjustment

☐ Weatherization Flat Rate

☐ Furnace Flat Rate

Labor Rate

Current labor rate: _____ /hour Effective date of current rate: _____

Proposed labor rate: _____ /hour Effective date of proposed rate: _____

Basis for increase:
(List each rate index used as the basis for increasing the labor rate and the math used to increase the current rate to the proposed rate. Indices which may be used: Consumer Price Index, U.S. Bureau of Labor Statistics, COLA, or Across the Board Agency COLA)

Material Prices

Attach current Flat Rate Price List.

Attach new Flat Rate Price List showing revised material prices.

New Measures/Materials

List new measures/materials added to the flat rate list:

DCAA Review

Approval: _____ Yes _____ No

Reviewed By: _____ Date: _____

Comments: _____

Attach supporting documentation
to the back of this form

STATE OF IOWA

DEPARTMENT OF HUMAN RIGHTS

GAX

BUDGET FY	GENERAL ACCOUNTING EXPENDITURE		DOCUMENT NUMBER
12	DATE	ACCTG PERIOD (mm/yy)	

VENDOR CODE	AGENCY NAME

VENDOR NAME AND ADDRESS	BILL TO ADDRESS (ORDERING AGENCY)	SHIP TO ADDRESS
		Same

TERMS	FOB	ORDER APPROVED BY	GOODS RECEIVED/SERVICES PERFORMED DATE	INITITALS

QUANTITY	VENDOR'S INVOICE DATE	VENDOR'S INVOICE NUMBER

ORDERED	RECEIVED	UNIT OF MEASURE		UNIT PRICE	TOTAL PRICE
			Reimbursement for Training Employee: _____ Date / Location: _____ Type of Training: _____ Travel/Meals/Lodging (T/M/L): $ _____ Tuition: $ _____		
				DOCUMENT TOTAL	

CLAIMANT'S CERTIFICATION

I CERTIFY THAT THE ITEMS FOR WHICH PAYMENT IS CLAIMED WERE FURNISHED FOR STATE BUSINESS UNDER THE AUTHORITY OF THE LAW AND THAT THE CHARGES ARE REASONABLE, PROPER, AND CORRECT, AND NO PART OF THIS CLAIM HAS BEEN PAID.

DATE **TITLE**

CLAIMANT'S SIGNATURE (CAA)

DEPARTMENT CERTIFICATION

I CERTIFY THAT THE ABOVE EXPENSE WERE INCURRED AND THE AMOUNTS ARE CORRECT AND SHOULD BE PAID FROM THE FUNDS APPROPRIATED BY:

CODE OR CHAPTER SECTION(S)

AUTHORIZED SIGNATURE

THE FOLLOWING FIELDS ARE FOR STATE ACCOUNTING USE ONLY

DOC TYPE	DOC NUMBER	DOC DATE	ACCTG PRD	BUDGET FY	ACTION NEW/MOD	PO SHIP INSTR	PV TYPE	INT IND	INT SELLER FUND	INT SELLER AGCY
GAX				08	E		1			

VENDOR CODE	ADDR OVERRIDE	F/A INDICATOR	EFT IND	TEXT -po's only (Y/N)	TEXT (po's only)

REF DOC TYPE	REF DOC NUMBER	REF DOC LINE	COM LN	VEND INVOICE #	COMMODITY CODE	GS CONTRACT

LINE	FUND	AGCY	ORG	SUB ORG	ACTV	FUNC	OBJT	SUB OBJT	JOB NUMBER	REP CAT	QUANTITY / UNITS	I/D	DESCRIPTION	AMOUNT	I/D
01	0190	379	235A				2483								
02	0190	379	235A				2489								
03															
04															
05															
06															
07															

DOCUMENT TOTAL

GAX **WARRANT #** **AUDITED BY** **PAID DATE**

WEATHERIZATION ASSISTANCE CLOSEOUT FORM

Agency Name:

Contract Number:

Line Item	Budget		Expenditures
Administration	0.00		0.00
Health & Safety	0.00		0.00
Support	0.00		0.00
Labor	0.00		0.00
Materials	0.00		0.00
Liability Insurance	0.00		0.00
Other: (please list)	0.00		0.00
Total Budget	0.00		
Expenditures to Date			0.00
Payments Received to Date			
Payment Requested not Received			
Funds Returned/Funds Requested			

Preparer Name :

Preparer Title:

Executive Director:

Executive Director Signature: _____

Date:

Submit two copies of this form with the corresponding Summary Report (101)
Closeout is due 45 days after end of contract.

This form is to be used for all Weatherization Contracts. 10/14/2004

Weatherization Client Authorization and Disclosure Statements

I have had the weatherization measures that I may qualify for, explained to me and understand that this work will be done at no cost to me. Completion of weatherization services are dependent upon availability of federal funding.

Materials and equipment installed in an eligible dwelling by the low-income weatherization program shall remain in the dwelling. In the event the homeowner or landlord sells the property as a habitable dwelling, materials and equipment installed by the Iowa Low-Income Weatherization Assistance Program shall remain in the dwelling.

Energy Auditor Name: _____
Agency Name: _____
Address: _____
City, Zip: _____
Phone: _____

Client Name: _____
Address: _____
City, Zip: _____
Phone: _____
File Number: _____

_____ _____
Client Signature Date

Client Energy Audit Form

File #: _____ AFN #: _____

Name: _____

Address: _____

City, Zip: _____

County: _____ Phone #: _____

Primary Vendor: _____

Secondary Vendor: _____

Landlord Information:

House Color: _____ Siding Type: _____

Year Built: _____ # Occupants: _____

Directions to Home:

Home Ownership: _____ Owner/Buyer/Renter

App Date: _____ Audit Date: _____ Energy Auditor Name: _____

Floor Area (sq ft): _____ Volume (cu ft): _____ Exposed/ Walkout Basement: _____

# of Stories: _____ Surface Area: _____ Avg. Story Height: _____

Pre-Temperature		Post Temperature	
Inside: _____	Outside: _____	Inside: _____	Outside: _____

Blower Door Air Leakage Rate (CFM)

Pre-Retrofit: _____ @ _____ Pascals Ring Used: _____

Post-Retrofit: _____ @ _____ Pascals Location of BD: _____

Target Post CFM: _____

DTL: _____ MVL: _____ Pre Δ P: _____

Post DTL: _____ Post Δ P: _____

Attached/Tuck-Under Garage Blower Door Air Leakage Rate (CFM)

Pre-Retrofit: _____ Post-Retrofit: _____

House to Garage Pressure: _____ House to Garage Pressure: _____

LSW Required: _____ SHPO Review Required: _____

Vermiculite

Vermiculite Present in Home: _____

Location of Vermiculite: _____

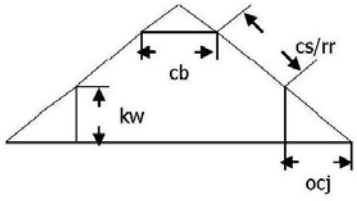
Results of Testing: _____

Knob & Tube Wiring

Knob & Tube Wiring Present in Home: _____

Location of Knob & Tube Wiring: _____

Fuses Present: _____ Amperage: _____



Walls								Windows							
Wall Code	Wall Surfaces		Existing Insulation		Additional Insulation		Exposed/ Buffered	#/Wall Code	Dimen	Type	Repair	#/Wall Code	Dimen	Type	Repair
	Dimen/ Depth	Gross Area	Type	R-Value	Type	R-Value/#									

Wall Codes: N=North S=South E=East W=West Dimen/Depth: length and height Exposed/Buffered: Outside, Buffered, Attic

Insulation Types: Blwn Cell (Blown Cellulose), Blwn FG (Blown Fiberglass), FG Batts (Fiberglass Batts), Rockwool, Poly Board (Polystyrene Board)

Window Types: Wood, Metal, Imp Metal (Improved Metal), None, Single, Double, Double Low-E

Notes	Notes

Doors

#/Wall Code	Dimen/ Depth	Type	Storm	Repair/Replace	Door Notes

Wall Codes: N = North S = South E = East W = West Storm: A=Adequate D=Deteriorated N=None

Door Types: Hollow Core Wood, Solid Core Wood, Insulated Steel, Single Pane Sliding Glass, Double Pane Sliding Glass

Notes

Attics

Desc	Area	Floored/ Unfloored	Existing Access	Existing Insulation		Additional Insulation		Open Bypasses	Air Sealing Notes
				Type	Depth/R-Value	Type	Depth/R-Value/#		

Metal Damming		Scuttle Lid		Scuttle W/S		Scuttle Hole Damming	
Scuttle Insulation				Vents			

Desc: AT1 = Attic 1 AT2 = Attic 2 RR/SL = Roof Rafters/Slants CB = Collar Beam KW = Kneewall OCJ = Outside Ceiling Joist

Existing Access: Roof Vent, Gable Vent, Attic, Collar Beam, Scuttle Lid, Interior Wall

Insulation Types: Blwn Cell (Blown Cellulose), Blwn FG (Blown Fiberglass), FG Batts (Fiberglass Batts), Rockwool, Balsam Wool, 2-Part Foam

Notes

Foundation Spaces / Crawlspaces / Exposed Floors / Underbelly

Desc	Wall Height	Exp %	Area	Perimeter	Bandjoist Material/ Joist Space/Area	Vapor Barrier	Wall Insulation	Grade Door	Notes

Desc: CS=Crawlspace BJ=Bandjoist OB=Open Basement

Notes

File #: _____ AFN #: _____

Name: _____

Address: _____

City, Zip: _____

Phone #: _____

County: _____ Ownership: _____

Pre	Post	Cabon Monoxide
		Ambient
		Oven (Fuel Type:)
		Furnace
		Water Heater

Pre	Post	Ventilation
		Furnace Draft
		Furnace Spillage
		Water Heater Draft
		Water Heater Spillage
		Flex Gas Line/Appliance Connector
		CAZ Volume
		CAZ WRT Outside Base
		CAZ WRT Outside Worst Case Setup
		CAZ WRT Main Body
		Dryer Fuel / Vent Ok?
		House to Attic Pressure

Zone Pressure Notes (interconnection leakages)

Room Pressures			Supply Duct Pressures		
Pre	Post	Room	Pre	Post	Room
Return Duct Pressures					
Pre	Post	Room			

Duct Sealing Notes

Directions:

Square Footage per Floor

_____ Basement _____ 1st Floor _____ 2nd Floor

Heating System

Existing Furnace	Replacement Furnace
Make: _____ Model: _____	Make: _____ Model: _____
Serial #: _____	Serial #: _____
Heating Type: _____	Heating Type: _____
Fuel Type: _____	Fuel Type: _____
Input Rating (Units/kBtu/hr): _____	Input Rating (Units/kBtu/hr): _____
Output Capacity (kBtu/hr): _____	Output Capacity (kBtu/hr): _____
Steady State Efficiency (%): _____	Steady State Efficiency (%): _____
Vent Diameter: _____ Flow: _____	Vent Diameter: _____ Flow: _____
Location: _____	Location: _____
Rated Temperature Rise: _____	Rated Temperature Rise: _____
Pre-Temperature Rise	Post-Temperature Rise
_____ Supply _____ Return _____ Difference	_____ Supply _____ Return _____ Difference
Pre-Static Pressure	Post-Static Pressure
_____ Before Filter _____ Before A-Coil	_____ Before Filter _____ Before A-Coil
_____ After Filter _____ After A-Coil	_____ After Filter _____ After A-Coil
Tuneup Recommend? _____ Age: _____	
Height: _____ Filter Size: _____	Filter Size: _____
Are the following present?	Was the following installed?
_____ Power Burner _____ IID	_____ Power Burner _____ Smart Thermostat
_____ Smart Thermostat _____ Pilot	

Notes

Water Heater

Existing Water Heater	Replacement Water Heater
Make: _____ Model: _____	Make: _____ Model: _____
Serial #: _____	Serial #: _____
Type: _____	Type: _____
Fuel Type: _____	Fuel Type: _____
Input Rating (Units/kBtu/hr): _____	Input Rating (Units/kBtu/hr): _____
Gallons: _____ Max Height: _____	Gallons: _____ Efficiency Rating _____
Vent Diameter: _____ Pipe Type: _____	Vent Diameter: _____ Pipe Type: _____
Pressure Relief Valve Tube: _____	Pressure Relief Valve Tube: _____

Notes

Air Conditioning

Type: _____ Size: _____ SEER: _____ Year: _____

If window unit, enter number of units: _____ *(either SEER or Year of unit is acceptable)*

Type: W=*Window Unit* C=*Central Air* N=*None*

Notes

Compact Fluorescent Light Bulbs

# Needed	Wattage	Location	# Needed	Wattage	Location	# Needed	Wattage	Location

Utility Measures and Safety Equipment

Measures	# Existing	# Needed	Measures	# Existing	# Needed	Location
Kitchen Faucet Aerator			Pipe Wrap			
Bathroom Faucet Aerator			CO Alarm			
Low-Flow Showerhead			Smoke Alarm			

Refrigerator/Freezer Metering

Refrigerator 1

Brand: _____

Minutes: _____ Reading: _____

Height: _____ Annual kWh: _____

Width: _____ Owned By: _____

Depth: _____

Opening: _____ No Action _____

Size (cu ft): _____ Remove _____

Door Hinge: _____ Exchange _____

Freezer 1

Brand: _____

Minutes: _____ Reading: _____

Height: _____ Annual kWh: _____

Width: _____ Owned By: _____

Depth: _____

Opening: _____ No Action _____

Size (cu ft): _____ Remove _____

Door Hinge: _____ Exchange _____

Refrigerator 2

Brand: _____

Minutes: _____ Reading: _____

Height: _____ Annual kWh: _____

Width: _____ Owned By: _____

Depth: _____

Opening: _____ No Action _____

Size (cu ft): _____ Remove _____

Door Hinge: _____ Exchange _____

Freezer 2

Brand: _____

Minutes: _____ Reading: _____

Height: _____ Annual kWh: _____

Width: _____ Owned By: _____

Depth: _____

Opening: _____ No Action _____

Size (cu ft): _____ Remove _____

Door Hinge: _____ Exchange _____

Appliance CFMs

Pre	Post	Measure	Pre	Post	Measure	Pre	Post	Measure	Pre	Post	TOTAL
		Water Heater			Clothes Dryer			Wood Stove			TOTAL
		Furnace			Fireplace			Other			

Exhaust Fan CFMs

Current Fan Location	CFMs	Light	Window	Replace/Vent/Install New	CFMs	Wiring

Notes

Notes

Name _____

File # _____

Check When Complete	Initials	Client File Checklist
		WAMS
		* House Data Report (page with client information)
		* MAT List (materials list)
		$12,000 Expenditure Limit Waiver Request (if applicable)
		Knob & Tube (if applicable)
		* Approval for Knob & Tube Project funding (if applicable)
		* Documentation that the electrician certified the wiring as being safe
		Approval for Additional Insulation Measures (if applicable)
		Energy Audit
		* Copy of current LIHEAP or Wx Application
		* Documentation supporting the client purchasing the home on contract (if applicable)
		* Energy Audit Form and supporting documentation
		* Techtite Printout (if applicable)
		* RED Calc Printout for Blower Door and Ventilation (pre AND post wx)
		* Pictures taken at the time of evaluation (unless maintained on a CD or other media that is in the client house file)
		* Release of Liability
		* Health & Safety Findings Assessment Form Part #1
		* Health & Safety Findings Assessment Form Part #2
		* If mold found in home, picture of mold must in the file
		* Deferral Documentation form and supporting documentation, including pictures (if applicable)
		* Documentation regarding when the work was completed that caused the deferral, etc.
		* Heat Loss Calculation Sheet AND full Manual J calculation
		* If agency runs full Manual J calculation for contractor, Heat Loss Calculation Sheet is not needed
		Rentals (if applicable)
		* Landlord Agreement
		Multi-Units (if applicable)
		* Multi-Unit Dwelling Approval Form (for projects using NEAT Audit)
		* Multi-Unit Dwelling Approval Form (for projects different audit tool)
		SHPO
		* Exempt from SHPO Review Project Determination
		* Request for SHPO Comment
		* Pictures of house to be attached to SHPO form
		Audit
		* NEAT/MHEA Audit Input Report
		* NEAT/MHEA Audit Recommended Measures Report
		Furnace/Water Heater/Electric Work Documentation
		* Bids and supporting documentation
		* Fuel Switching Request and Calculation Worksheet (if applicable)
		* Change order and supporting documentation (if applicable)
		* Inspection Form (if different than the final inspection form)
		* Invoice and supporting documentation
		* Photo documentation, including pictures of sealed/covered/inaccessible areas, as appropriate
		* Manual J complete calculation from contractor (NA if agency ran complete calculation)
		Weatherization Work Documentation
		* Bids/Work Order and supporting documentation
		* Change order and supporting documentation (if applicable)
		* Inspection Form (if different than the final inspection form)
		* Invoice and supporting documentation
		* Photo documentation, including pictures of sealed/covered/inaccessible areas, as appropriate
		Vermiculite Documentation
		* Vermiculite test results
		* Vermiculite testing invoice
		Lead Documentation
		* Lead Client Notification Form
		* Exempt from Lead Safe Renovation Requirements (to be completed when work being done is exempt from following
		lead safe work practices)
		* Iowa Weatherization Lead-Safe Report (to be completed for all renovation projects on pre-1978 structures)
		* Pictures of Lead Safe Work Practices being followed
		Refrigeration Appliances (if applicable)
		* Client Refrigeration Appliance Agreement (to be completed when a refrigeration unit will be replaced and/or removed)
		* Invoice from the Refrigeration Vendor
		Final Inspection
		* Ventilation and Your Home in the home (to be in the file when exhaust fans are installed - either new or replacements)
		* One form per fan installed, whether or not called for by ASHRAE
		* Final Inspection Form, which demonstrates SWS requirements were followed and is signed/dated by certified QCI
		* Pictures taken at final inspection, including pictures taken at time of re-inspections
		State Housing Inspection Documentation (if applicable)
		* Inspection Form
		* Report
		* Follow-up documentation (response to corrective work required, etc.)

Check When Complete	Weatherization Contractor/Subcontractor File Checklist	Expiration Date
	Commercial General Liability Insurance ($500,000/per occurrence and $1 million aggregate)	
	Proof of Automobile Insurance (coverage amount as deemed sufficient by agency)	
	Proof of Worker's Compensation Insurance (or waiver - signed at beginning of each new contract)	
	Current signed contract between the agency and the contractor (may be yearly or by job)	
	Excluded Parties List Sytem printout from www.sam.gov (researcher signs - performed each time contract renewed)	
	Current Contractor's Registration with the State of Iowa (contractors must renew yearly with IWD)	
	Current Electrical Contractor License (as applicable)	
	Current Plumbing & Mechanical License (as applicable)	
	Proof of being a Lead Firm (copy of certificate)	
	Proof of having taken Lead Renovator training	
	* Someone must be on-site who is a certified lead renovator - usually the on-site supervisor	
	(copy of card in file)	
	* All other on-site contractor employees must either be certified renovators, pass the 4 or 8	
	hour renovator course, or receive on-the-job training in lead safe work practices by the on-site	
	certified renovator (copy of certificate of completion, ID card, or copy of letter from IDPH issuing the card, must be	
	in agency file OR on-the-job training is to be noted on the training documentation form in the appropriate house file)	

**** Note, above requirements apply to subcontractors as well - EXCEPT subcontractors will not have a contract with the agency.*

Rev. 09-25-14

Check When Complete	Furnace/Water Heater/Electrical Contractor/Subcontractor File Checklist	Expiration Date
	Commercial General Liability Insurance ($500,000/per occurrence and $1 million aggregate)	
	Proof of Automobile Insurance (coverage amount as deemed sufficient by agency)	
	Proof of Worker's Compensation Insurance (or waiver - signed at beginning of each new contract)	
	Current signed contract between the agency and the contractor (may be yearly or by job)	
	Excluded Parties List Sytem printout from www.sam.gov (researcher signs - performed each time contract renewed)	
	Current Contractor's Registration with the State of Iowa (contractors must renew yearly with IWD)	
	Current Electrical Contractor License (as applicable)	
	Current Plumbing & Mechanical License (as applicable)	
	Proof of being a Lead Firm (copy of certificate)	
	Proof of having taken Lead Renovator training	
	* Someone must be on-site who is a certified lead renovator - usually the on-site supervisor	
	(copy of card in file)	
	* All other on-site contractor employees must either be certified renovators, pass the 4 or 8	
	hour renovator course, or receive on-the-job training in lead safe work practices by the on-site	
	certified renovator (copy of certificate of completion, ID card, or copy of letter from IDPH issuing the card, must be	
	in agency file OR on-the-job training is to be noted on the training documentation form in the appropriate house file)	

**** Note, above requirements apply to subcontractors as well - EXCEPT subcontractors will not have a contract with the agency.*

Rev. 09-25-14

Check When Complete	Appliance Vendor File Checklist	Expiration Date
	Commercial General Liability Insurance (coverage amount as deemed sufficient by agency)	
	Proof of Automobile Insurance (coverage amount as deemed sufficient by agency)	
	Current signed agreement between the agency and the contractor (may be yearly or by job)	
	Excluded Parties List Sytem printout from www.sam.gov (researcher signs - performed each time contract renewed)	
	Current Appliance Data Sheets	

Rev. 09-25-14

ECONAR Energy Systems Corporation

Residential Heat Loss Calculation Worksheet

06/11/15

Project Name:

Zone Name:

Prepared By:

Prepared For:

		Zone Length		Zone Width		Zone Height		Total Cubic or Square Feet
Approxmate Air Changes/Hour								
Air Infiltration Rate (CFM)	0							
Approximate Zone Volume 1 (cubic feet)			x		x		=	0
Approximate Zone Volume 2 (cubic feet)			x		x		=	0
Approximate Zone Volume 3 (cubic feet)			x		x		=	0
Approximate Zone Area 1 (square feet)		0.00	x	0.00	x		=	0
Approximate Zone Area 2 (square feet)		0.00	x	0.00	x		=	0
Approximate Zone Area 3 (square feet)		0.00	x	0.00	x		=	0
Approximate Exposed Wall Area 1 (square feet)		0.00	x		x	0.00		0
Approximate Exposed Wall Area 2 (square feet)		0.00	x		x	0.00		0
Approximate Exposed Wall Area 3 (square feet)		0.00	x		x	0.00	=	0
Indoor Dry-Bulb Design Temperature			Degrees Farenheit			Less Window Area:		
Outdoor Dry-Bulb Design Temperature			Degrees Farenheit			Less Door Area:		
Design Temperature Difference:		**0**				**Actual Wall Area:**		**0**

Structural Element	Structural Element Description	Area (square feet)		Element U-Value		Temperature Difference		Total BTUH
Above Grade Exterior Wall Info	2 x 4 (R-13)+		x	0.0718	x	0	=	0
	2 x 6 (R-19)+		x	0.0502	x	0	=	0
	Other		x		x	0	=	0
Window Information	Single Pane		x	0.5510	x	0	=	0
	Double Pane		x	0.4051	x	0	=	0
	Deluxe with Storm		x	0.3682	x	0	=	0
	Other		x		x	0	=	0
Exterior Door Information	Solid-Core Wood		x	0.2525	x	0	=	0
	1-3/4" 24 ga. Steel		x	0.1686	x	0	=	0
	1-3/4" 18 ga. Steel		x	0.2257	x	0	=	0
	Other		x		x	0	=	0
Roof/Ceiling Information	R-38+		x	0.0257	x	0	=	0
	R-40+		x	0.0244	x	0	=	0
	R-42+		x	0.0233	x	0	=	0
	R-44+		x	0.0223	x	0	=	0
	Other		x		x	0	=	0
Above Grade Exposed Floor (crawlspace)	2 x 8 (R-24)+		x	0.0401	x	0	=	0
	2 x 10 (R-28)+		x	0.0346	x	0	=	0
	2 x 12 (R-33)+		x	0.0295	x	0	=	0
	Other		x		x	0	=	0
Cement Slab	Slab on Grade		x	0.0638	x	0	=	0
Structural Element	**Structural Element Description**	**Area (square feet)**		**BTUH Loss Factor**				
Below Grade Elements	Floor		x	2.00		BTUH per Sq. Ft.	=	0
	Walls		x	4.00		BTUH per Sq. Ft.	=	0
Air Losses	**Air Loss Description**	Air CFM		Loss Factor		Temperature Difference		
	Infiltration	0	x	1.1	x	0	=	0
	Ventilation & Make-Up		x	1.1	x	0	=	0
Duct Loss	Is ductwork in an unconditioned space?	Yes / No		HL Factor		Subtotal	=	0
				0.00	x	0	=	0
						Total Heat Loss:		**0**

("+" Indicates inside and outside air film is calculated in U-Value)
(U-Value = 1 / R-Value = BTUH / Square Feet / Degree Farenheit Temperature Design)
(Air Loss Factor = BTUH / CFM / Degree Farenheit Temperature Design)

Rev. 12-31-14

Lead Renovator Training Requirements (eff. 4-7-10)

Energy Auditors

* All energy auditors at each agency must take the lead renovation course within, 60 days of hire
* DCAA recommends that all agency energy auditors be certified renovators
* Copy of certificate of completion, ID card, or copy of letter from IDPH issuing the card, must be in agency file
* Copy of Lead Firm Certificate must be in agency file
* Must carry ID card on person while working

Inspectors

* All agency inspectors must be certified renovators, within 60 days of hire
* Copy of ID card or copy of letter from IDPH issuing the card, must be in agency file
* Copy of Lead Firm Certificate must be in agency file
* Must carry ID card on person while working

All Contractors (appliance vendors and subcontractors are exempt from this requirement)

* Every contractor must have a certified renovator on staff, within 60 days of contracting with the agency (usually the on-site supervisor)
* All other on-site contractor employees must either be certified renovators, pass the 4 or 8 hour renovator course, or receive on-the-job training in lead safe work practices by the on-site certified renovator
* Copy of certificate of completion, ID card, or copy of letter from IDPH issuing the card, must be in agency file OR on-the-job training is to be noted on the training documentation form in the appropriate house file
* Copy of Lead Firm Certificate must be in agency file
* Must carry ID card on person while working

Crew Supervisors

* All crew supervisors must be certified renovators, within 60 days of hire
* Someone must be on-site who is a certified renovator
* Copy of ID card or copy of letter from IDPH issuing the card, must be in agency file
* Copy of Lead Firm Certificate must be in agency file
* Must carry ID card on person while working

Crew Members

* All crew members must take the lead renovator course, within 60 days of hire
* DCAA recommends that all agency crew members be certified renovators
* Someone must be on-site who is a certified renovator
* All employees must either be certified renovators or pass the 4 or 8 hour renovator course
* Copy of certificate of completion, ID card, or copy of letter from IDPH issuing the card, must be in agency file
* Copy of Lead Firm Certificate must be in agency file
* Must carry ID card on person while working

** Note: Lead Abatement workers or contractors do not need a separate lead-safe renovator certification. However, they DO need to take the 4-hour lead-safe renovator refresher in order to be qualified to do renovator work. (per Kane Young at IDPH 9-8-11)*

Rev. 06-01-16

Licensing Requirements

(Electrical AND Plumbing & Mechanical)

Furnace Replacements *- Iowa law requires the licenses outlined below. Contractors performing furnace replacements with new wiring must have both an Electrical and HVAC or Mechanical License, unless the electrical work will be performed by a subcontractor with the appropriate electrical license.*

Furnace Replacements (any fuel source - new furnace installation using existing wiring)

* No electrical license required
* Either Master or Journeyman HVAC or Mechanical license required (Apprentice can work with the Master or Journeyman onsite)

Furnace Replacements (any fuel source - new furnace installation requiring new wiring)

* Master or Journeyman Electrician Class A or Class B, or Residential Master, or Residential Electrician license required (or assigned to a licensed Master or Journeyman by the contractor)
* Either Master or Journeyman HVAC or Mechanical license required (Apprentice can work with the Master or Journeyman onsite)

Furnace Tune/Cleans or Furnace Repairs

* No electrical license required
* Minimum Service Technician HVAC Specialty license required (Master or Journeyman HVAC or Mechanical trumps, or Apprentice can work with the Master or Journeyman onsite)

Boiler Replacements *- Iowa law requires the licenses outlined below. Contractors performing boiler replacements with new wiring must have both an Electrical and Hydronics or Mechanical license, unless the electrical work will be performed by a subcontractor with the appropriate electrical license.*

Boiler Replacements (new boiler installation using existing wiring)

* No electrical license required
* Either Master or Journeyman Hydronics or Mechanical license required (Apprentice can work with the Master or Journeyman onsite)

Boiler Replacements (new boiler installation requiring new wiring)

* Master or Journeyman Electrician Class A or Class B, or Residential Master, or Residential Electrician license required (or assigned to a licensed Master or Journeyman by the contractor)
* Either Master or Journeyman Hydronics or Mechanical license required (Apprentice can work with the Master or Journeyman onsite)

Water Heater Replacements *- Iowa law requires the licenses outlined below. Contractors performing water heater replacements with new wiring must have both an Electrical and Plumbing license, unless the electrical work will be performed by a subcontractor with the appropriate electrical license.*

Water Heater Replacements (new water heater installation using existing wiring)

* No electrical license required
* Either Master or Journeyman Plumbing license required (Apprentice can work with the Master or Journeyman onsite)

Water Heater Replacements (new water heater installation requiring new wiring)

* Master or Journeyman Electrician Class A or Class B, or Residential Master, or Residential Electrician license required (or assigned to a licensed Master or Journeyman by the contractor)
* Either Master or Journeyman Plumbing license required (Apprentice can work with the Master or Journeyman onsite)

Water Heater Repairs (no installation of new unit)

* No electrical license required
* A minimum of Disconnect/Reconnect Plumbing Technician Specialty license required (Master or Journeyman Plumbing trumps)

Other Miscellaneous Work

Baseboard Heaters/Exhaust Fans

* Existing wiring (no electrical license required)
* New wiring - 4 or fewer units Master or Journeyman Electrician Class A or Class B, or Residential Master, or Residential Electrician license license required (or assigned to a licensed Master or Journeyman by the contractor)
* New wiring - more than 4 units Electrical Contractor (or as assigned to a licensed Master or Journeyman by the contractor)

Hard-Wired CO/Smoke Detectors (new wiring needed)

* A minimum of Residential Electrician or Residential Master license required (or assigned to a licensed Master or Journeyman by the contractor - Class A or B trumps)

Plumbing Fixtures, Traps, Drains, Etc. Replacements

* Either Master or Journeyman Plumbing license required (Apprentice can work with the Master or Journeyman onsite)

Plumbing Fixtures, Traps, Drains, Etc. Repairs (no replacements)

* No electrical license required
* A minimum of Disconnect/Reconnect Plumbing Technician Specialty license required (Master or Journeyman Plumbing trumps)

Electrical Licenses:

Iowa Department of Public Safety
www.dps.state.ia.us/fm/electrician/index.shtml
** Defer to local codes where applicable*

Plumbing & Mechanical Licenses:

Iowa Department of Public Health
http://www.idph.state.ia.us/PMSB/Licensure.aspx
** Defer to local codes where applicable*

Revised 08-20-14

Weatherization Housing Inspection Report (Mobile Homes)

_____ Initial Inspection _____ Reinspection Program _____

KEY
NA: Doesn't apply or existing
G: Good work
S: Satisfactory work
U: Unsatisfactory work
NCWR: Finding but not corrective work
CWR: Finding with corrective work
Warranty: Must be fixed at no cost

Agency _____ File # _____ Phone # _____
Name _____ Address _____ City _____
Date _____ Time _____ Cost _____ Inspector _____

Appliances	Work Quality	Comments	Corrective Work		
			NCWR	CWR	Warranty
Furnace Installation					
Duct Work					
Furnace Venting					
Tune & Clean					
Weater Heater Installation					
Water Heater Venting					
Pipe Wrap					
Dryer Venting					
Gas Lines					
Adequate Combustion Air					
CAZ Zone					

Appliance Testing	CO	Spillage	Draft	Comments			
Ambient Air							
Oven							
Water Heater							
Furnace							
	Supply	Return	In Range				
Temperature Rise (furnace)							
Static Pressure							

Notes

Underbelly	Work Quality	Comments	Corrective Work		
			NCWR	CWR	Warranty
Insulation					
Vapor Barrier Installed					
Underbelly Sealed					

Notes

Weatherization Housing Inspection Report (Mobile Homes)

Attics	Work Quality	Comments	Corrective Work		
			NCWR	CWR	Warranty
Attic Access Sealed					
Depth of Insulation					
Heat Sources Shielded					
By-Passes Sealed					
Floor Dense Packed					
Slants Dense Packed					
Kneewall Insulated					
Attic Vented					
Vermiculite					
Brick Chimney Sealed					
Chimney Vents Outside					
Insulation Certificate/Bag(s)					
Depth Markers					
Junction Box Markers					
Exhaust Vents Installed					
Exhaust Vents Insulated					

	Bath	Bath	Bath	Kitchen	Other	Delay	Min/Hr
Existing Fans CFM's							
ASHRAE 62.2 CFM's Added							

Notes

Exterior Walls	Work Quality	Comments	Corrective Work		
			NCWR	CWR	Warranty
Insulated					
Plugged, Patched & Painted					
Siding Condition					

Notes

Utility Measures	Work Quality	Comments	Corrective Work		
			NCWR	CWR	Warranty
Light Bulbs Installed					
CO Alarm(s)					
Smoke Alarm(s)					
Propane Alarm(s)					
Low Flow Fixtures Installed					
Faucet Aerator(s)					
Refrigerator Tested					
Freezer Tested					

Notes

Weatherization Housing Inspection Report (Mobile Homes)

Miscellaneous	Work Quality	Comments	Corrective Work		
			NCWR	CWR	Warranty
Blower Door					
Room Pressures					
Duct Pressures					
Repair Work					
Second Operable Door					
Weather Stripping					
Sweeps					
Other					
Other					
Other					
Client Feedback					
Recommendations					
Notes					

File / Audit Review	Work Quality	Comments
NEAT/MHEA Audit		
Work Order		
Audit vs Work Order		
Change Order		
Manual J		
Ventilation in Your Home		
RED Calc		
Sign Offs		
WAMS Reporting		

NOTES

"I have completed an on-site inspection of this weatherized unit. I certify that the Weatherization measures were followed, quality work was performed, materials meet minimum standards listed in the state plan, and a post weatherization diagnostic check was completed on this unit."

QCI Signature _____ Date _____ 04/28/15

Weatherization Housing Inspection Report (Stick-Built Homes)

_____ Initial Inspection _____ Reinspection Program _____

KEY
NA: Doesn't apply or existing
G: Good work
S: Satisfactory work
U: Unsatisfactory work
NCWR: Finding but not corrective work
CWR: Finding with corrective work
Warranty: Must be fixed at no cost

Agency _____ File # _____ Phone # _____
Name _____ Address _____ City _____
Date _____ Time _____ Cost _____ Inspector _____

Appliances	Work Quality	Comments	Corrective Work		
			NCWR	CWR	Warranty
Furnace Installation					
Duct Work					
Furnace Venting					
Tune & Clean					
Weater Heater Installation					
Water Heater Venting					
Pipe Wrap					
Dryer Venting					
Gas Lines					
Adequate Combustion Air					
CAZ Zone					

Appliance Testing	CO	Spillage	Draft	Comments			
Ambient Air							
Oven							
Water Heater							
Furnace							
	Supply	Return	In Range				
Temperature Rise (furnace)							
Static Pressure							

Notes

Basement/Crawlspace	Work Quality	Comments	Corrective Work		
			NCWR	CWR	Warranty
Band Joist Insulation					
Crawlspace Insulation					
Vapor Barrier Installed					
Crawlspace Vents Sealed					
Foundation					
Exterior Basement Entrance					

Notes

Weatherization Housing Inspection Report (Stick-Built Homes)

Attics	Work Quality	Comments	Corrective Work		
			NCWR	CWR	Warranty
Attic Access Sealed					
Depth of Insulation					
Heat Sources Shielded					
By-Passes Sealed					
Floor Dense Packed					
Slants Dense Packed					
Kneewall Insulated					
Attic Vented					
Vermiculite					
Brick Chimney Sealed					
Chimney Vents Outside					
Insulation Certificate/Bag(s)					
Depth Markers					
Junction Box Markers					
Exhaust Vents Installed					
Exhaust Vents Insulated					

	Bath	Bath	Bath	Kitchen	Other	Delay	Min/Hr
Existing Fans CFM's							
ASHRAE 62.2 CFM's Added							

Notes

Exterior Walls	Work Quality	Comments	Corrective Work		
			NCWR	CWR	Warranty
Insulated					
Plugged, Patched & Painted					
Siding Condition					

Notes

Utility Measures	Work Quality	Comments	Corrective Work		
			NCWR	CWR	Warranty
Light Bulbs Installed					
CO Alarm(s)					
Smoke Alarm(s)					
Propane Alarm(s)					
Low Flow Fixtures Installed					
Faucet Aerator(s)					
Refrigerator Tested					
Freezer Tested					

Notes

Weatherization Housing Inspection Report (Stick-Built Homes)

Miscellaneous	Work Quality	Comments	Corrective Work		
			NCWR	CWR	Warranty
Blower Door					
Room Pressures					
Duct Pressures					
Garage Leakage Tested					
Repair Work					
Suspended Ceilings					
Weather Stripping					
Sweeps					
Other					
Other					
Other					
Client Feedback					
Recommendations					
Notes					

File / Audit Review	Work Quality	Comments
NEAT/MHEA Audit		
Work Order		
Audit vs Work Order		
Change Order		
Manual J		
Ventilation in Your Home		
RED Calc		
Sign Offs		
WAMS Reporting		

NOTES

"I have completed an on-site inspection of this weatherized unit. I certify that the Weatherization measures were followed, quality work was performed, materials meet minimum standards listed in the state plan, and a post weatherization diagnostic check was completed on this unit."

QCI Signature _____ Date _____ 04/28/15