Weatherization Audit / Inspection Form (Manufactured Homes)

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: _____

Energy Auditor Signature	Date	Client Signature	Date

QCI FINAL INSPECTION

"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 safety check was completed on this unit."

	Client Signature	Date	
			CWR (Y/N)
QCI Inspector Printed Name	QCI Inspector Signature	Date	

QCI FINAL RE-INSPECTION

			CWR (Y/N)
QCI Inspector Printed Name	QCI Inspector Signature	Date	

Wx Audit / Inspection (Manufactured Homes)

File #: _____ AFN #: _____

Name: _____

Address: _____

City, Zip: _____

County: _____ Phone #: _____

Primary Vendor: _____ Alt Phone #: _____

Secondary Vendor: _____ House Faces: _____

Landlord Information:

Ownership: _____ # Occupants: _____

House Color: _____ # Bedrooms: _____

Year Built: _____ # Bathrooms: _____

Siding Type: _____ LSW Req'd: _____

SHPO Review Req'd: _____

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

Length: _____ Exterior Wall Height: _____ Home Leakiness: _____

Width: _____ Outdoor WH Closet: _____ Wind Shielding: _____

Volume: _____

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: _____

Change in CFM: 0 _____ **Target** Post CFM:

Pre DTL: _____ MVL: _____ Pre Δ P: _____

Post DTL: _____ OTL: _____ Post Δ P: _____

Walls							Addition Walls						
Stud Size: _____				Carport/Porch Roof			Stud Size: _____				Interior Wall Max Height (ft): _____		
Orientation of Long Wall: _____				Length (in): _____			Addition Orientation: _____				Interior Wall Min Height (ft): _____		
Wall Ventilation: _____				Width (in): _____			Wall Ventilation: _____						
Uninsulatable Wall Area (sq ft): _____							Wall Configuration: _____						
#/ Wall Code	Existing Insulation			Additional Insulation			#/ Wall Code	Existing Insulation			Additional Insulation		
	Batt/ Blanket (in)	Loose Fill (in)	Foam Core (in)	Batt/ Blanket (in)	Loose Fill (in)	Foam Core (in)		Batt/ Blanket (in)	Loose Fill (in)	Foam Core (in)	Batt/ Blanket (in)	Loose Fill (in)	Foam Core (in)

Stud Size: 2x2, 2x3, 2x4, 2x6 Orientation of Long Wall: North, South, East, West Wall Ventilation: Vented, Not Vented

Wall Configuration: Max (maximum) wall height at interior wall, Max (maximum) wall height at center of addition, All addition walls the same height

AUDITOR Notes

QCI Notes

	CWR (Y/N)	
_____ Insulated	_____	_____
_____ Plugged, Patched and Painted	_____	_____
_____ Siding Condition	_____	_____
_____ Other	_____	_____
_____ Other	_____	_____
_____ Other	_____	_____
_____ Other	_____	_____
_____ Other	_____	_____
_____ Other	_____	_____
_____ Other	_____	_____
_____ Other	_____	_____

Windows										
#/ Window Code	Addition (Y/N)	Window Type	Frame Type	Glazing Type	Interior Shading	Exterior Shading	Leakiness	Size (width x height)	Orientation	Repair

Window Type: Jalousie, Awning, Slider, Fixed, Door Window, Sliding Glass Door, Skylight Frame Type: Wood/Vinyl, Metal, Imp (improved) Metal

Glazing Type: Single Pane, Single w/Glass Storm, Single w/Plastic Storm, Double Pane, Double w/Glass Storm, Double w/Plastic Storm

Interior Shading: Drapes, Blinds/Shades, Drapes w/Blinds/Shades, None Exterior Shading: Awning, Carport/Porch, Low-E Film, Sun Screen, None

Leakiness: Very Tight, Tight, Medium, Loose, Very Loose

AUDITOR Notes

QCI Notes

		CWR (Y/N)	
	Repairs made		
	Replacements made		
	Other		
	Other		
	Other		
	Other		
	Other		
	Other		
	Other		
	Other		
	Other		

Doors

#/Wall Code	Addition (Y/N)	Type	Storm Door Present	Size (width x height)	Repair/Replace		Weathestrip		Sweep		Threshold	
					Work that needs to be done	Work Complete	Needed	Installed	Needed	Installed	Needed	Installed

Door Types: Hollow Core Wood, Solid Core Wood, Std Mfg (standard manufactured) Home Door, Insulated Steel

Ceiling

Roof	Existing Insulation			Additional Insulation		
Roof Type: _____	Batt/ Blanket (in)	Loose Fill (in)	Foam Core (in)	Batt/Blanket (in)	Loose Fill (in)	Foam Core (in)
Roof Color: _____						
Joist Size: _____						
Cathedral Ceiling (%): _____						

Addition Ceiling

Roof	Existing Insulation			Additional Insulation		
Roof Type: _____	Batt/ Blanket (in)	Loose Fill (in)	Foam Core (in)	Batt/Blanket (in)	Loose Fill (in)	Foam Core (in)
Roof Color: _____						
Joist Size: _____						
Cathedral Ceiling (%): _____						

AUDITOR Notes

QCI Notes

	CWR (Y/N)	
_____ 2 Operable Doors	_____	_____
_____ Other	_____	_____
_____ Other	_____	_____
_____ Other	_____	_____

Floor Wing Description

Floor Joist Description	Skirt Present	Wing Floor Joist Size

Existing		Needed	
Loose Insulation Thickness (in):		Loose Insulation Thickness (in):	
Batt/Blanket Insulation Location:		Batt/Blanket Insulation Location:	
Batt/Blanket Thickness (in):		Batt/Blanket Thickness (in):	

Floor Belly (Center) Description

Joist Size	Belly Cavity Configuration	Condition of Belly	Max Depth Belly

Existing		Needed	
Loose Insulation Thickness (in):		Loose Insulation Thickness (in):	
Batt/Blanket Insulation Location:		Batt/Blanket Insulation Location:	
Batt/Blanket Thickness (in):		Batt/Blanket Thickness (in):	
		Vapor Barrier:	

Addition Floor

Joist Size	Floor Type	Floor Dimensions (LxW)

Existing		Needed	
Loose Insulation Thickness (in):		Loose Insulation Thickness (in):	
Batt/Blanket Insulation Location:		Batt/Blanket Insulation Location:	
Batt/Blanket Thickness (in):		Batt/Blanket Thickness (in):	
Depth Available for Added Insulation (in):			

AUDITOR Notes

QCI Notes

		CWR (Y)	
	Insulation		
	Vapor Barrier Installed		
	Underbelly Sealed		
	Holes Patched		
	Other		
	Other		
	Other		
	Other		
	Other		

File #: _____ AFN #: _____
Name: _____
Address: _____
City, Zip: _____
Phone #: _____ Ownership: _____
County: _____

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

Pre	Post	Final	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?
			Check for Gas Leaks
			Other:
			Other:
			Other:

Supply Duct Pressures				Supply Duct Pressures			
Location	Pre	Post	Final	Location	Pre	Post	Final

Room Pressures							
Location	Pre	Post	Final	Location	Pre	Post	Final

AUDITOR Notes

Square Footage

Square Footage: _____ Addition Square Footage: _____

Heating System

Existing Furnace	Replacement Furnace
Make: _____	Make: _____
Model: _____	Model: _____
Serial #: _____	Serial #: _____
Heating Type: _____	Heating Type: _____
Fuel Type: _____ Height: _____	Fuel Type: _____
Input Rating (Units/kBtu/hr): _____	Input Rating (Units/kBtu/hr): _____
Output Capacity (kBtu/hr): _____	Output Capacity (kBtu/hr): _____
Steady State (%): _____ Age: _____	Steady State (%): _____
Vent Diameter: _____ Flow: _____	Vent Diameter: _____ Flow: _____
Duct Location: _____	Duct Location: _____
Tuneup Recommended: _____	Tuneup Done: _____ Venting Installed: _____
Rated Temp Rise: _____	Rated Temp Rise: _____
Ductwork Sealed: _____	Ductwork Sealed: _____
Filter Size: _____	Filter Size: _____
Pre-Temperature Rise	Pre-Temperature Rise
_____ Supply ____ Return 0 Difference	_____ Supply ____ Return 0 Difference
Pre-Static Pressure	Pre-Static Pressure
_____ Before Filter _____ Before A-Coil	_____ Before Filter _____ Before A-Coil
_____ After Filter _____ After A-Coil	_____ After Filter _____ After A-Coil
Are the following present?	Are the following present?
_____ Power Burner _____ IID	_____ Power Burner _____ IID
_____ Smart Thermostat _____ Pilot	_____ Smart Thermostat _____ Pilot
Furnace Closet Pressure: _____	Furnace Closet Pressure: _____

AUDITOR Notes

Duct Insulation Location: _____

Water Heater

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

AUDITOR Notes

Air Conditioning

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

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

AUDITOR Notes

PLUMBING/MECHANICAL/ELECTRICAL - INSPECTION NOTES

CWR (Y/N)

Inspector Printed Name	Inspector Signature	Date	

PLUMBING/MECHANICAL/ELECTRICAL - RE-INSPECTION NOTES

CWR (Y/N)

Inspector Printed Name	Inspector Signature	Date	

PLUMBING/MECHANICAL/ELECTRICAL - QCI INSPECTION NOTES

CWR (Y/N)

Inspector Printed Name	Inspector Signature	Date	

PLUMBING/MECHANICAL/ELECTRICAL - QCI RE-INSPECTION NOTES

CWR (Y/N)

Inspector Printed Name	Inspector Signature	Date	

Compact Fluorescent Light Bulbs

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

AUDITOR Notes	QCI Notes	
	CWR (Y/N)	

Utility Measures and Safety Equipment

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

AUDITOR Notes	QCI Notes	
	CWR (Y/N)	

Refrigerator/Freezer Metering

Refrigerator 1

Brand: _____
Start Time: _____ Opening: _____
End Time: _____ Size (cu ft): _____
Minutes: _____ Door Hinge: _____
Reading: _____ Owned By: _____
Annual kWh: _____
Height: _____ No Action _____
Width: _____ Remove _____
Depth: _____ Exchange _____

Freezer 1

Brand: _____
Start Time: _____ Opening: _____
End Time: _____ Size (cu ft): _____
Minutes: _____ Door Hinge: _____
Reading: _____ Owned By: _____
Annual kWh: _____
Height: _____ No Action _____
Width: _____ Remove _____
Depth: _____ Exchange _____

Refrigerator 2

Brand: _____
Start Time: _____ Opening: _____
End Time: _____ Size (cu ft): _____
Minutes: _____ Door Hinge: _____
Reading: _____ Owned By: _____
Annual kWh: _____
Height: _____ No Action _____
Width: _____ Remove _____
Depth: _____ Exchange _____

Freezer 2

Brand: _____
Start Time: _____ Opening: _____
End Time: _____ Size (cu ft): _____
Minutes: _____ Door Hinge: _____
Reading: _____ Owned By: _____
Annual kWh: _____
Height: _____ No Action _____
Width: _____ Remove _____
Depth: _____ Exchange _____

Refrigerator 3

Brand: _____
Start Time: _____ Opening: _____
End Time: _____ Size (cu ft): _____
Minutes: _____ Door Hinge: _____
Reading: _____ Owned By: _____
Annual kWh: _____
Height: _____ No Action _____
Width: _____ Remove _____
Depth: _____ Exchange _____

Freezer 3

Brand: _____
Start Time: _____ Opening: _____
End Time: _____ Size (cu ft): _____
Minutes: _____ Door Hinge: _____
Reading: _____ Owned By: _____
Annual kWh: _____
Height: _____ No Action _____
Width: _____ Remove _____
Depth: _____ Exchange _____

AUDITOR Notes	QCI Notes	
	CWR (Y/N)	

Appliance CFMs										
Measure	Water Heater	Furnace	Clothes Dryer	Fireplace	Wood Stove	Other (specify below)				TOTAL
Pre										0
Final										0

Exhaust Fan CFMs						
Current Fan Location	CFMs	Light	Window	Replace/Vent/Install New/NA	CFMs	Electrician Needed

AUDITOR Notes

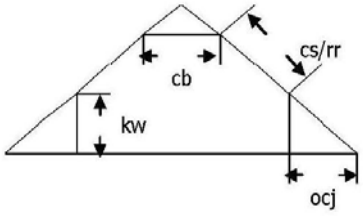
QCI INSPECTOR Notes

Vetilation	Bath	Bath	Bath	Kitchen	Basement	Other Location (hallway, attic, etc)	Notes
Existing Fans CFMs							
ASHRAE 62.2 CFMs Added							
Location (1st fl, 2nd fl, etc)							
Timer Switch Delay							
Timer Switch Min/Hr							
Exhaust Vents Installed							
Exhaust Vents Insulated							

Additional Comments

QCI INSPECTION

File/Audit Review		Additional Comments/Notes
	NEAT/MHEA Audit	
	NEAT/MHEA vs Estimate	
	Work Order	
	Change Orders	
	Heat Loss Calc/Manual J	
	Ventilation in Your Home	
	Pre & Post REDCalc	
	Sign-Offs	
	Pictures	
	Review File Checklist	
	House File Checklist Complete	
	Other	
	Other	
	Other	
	Other	

QCI RE-INSPECTION

Notes