

Weatherization Audit/Inspection Form (Stick-Built 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: _____	Client Name: _____
Agency Name: _____	Address: _____
Address: _____	City, Zip: _____
City, Zip: _____	Phone: _____
Phone: _____	File Number: _____

Energy Auditor Signature	Date	Client Signature	Date
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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 (Stick-Built Homes)

File #: _____ AFN #: _____ Name: _____ Address: _____ City, Zip: _____ County: _____ Phone #: _____ Primary Vendor: _____ Alt Phone #: _____ Secondary Vendor: _____ House Faces: _____ Landlord Information: _____ _____ Housing Type: _____ # Occupants: _____ Ownership: _____ # Bedrooms: _____ House Color: _____ # Bathrooms: _____ Year Built: _____ LSW Req'd: _____ Siding Type: _____ SHPO Review Req'd: _____	App Date: _____ Audit Date: _____ Auditor Name: _____ Exposed/ Walkout Basement: _____ Floor Area (sq ft) _____ Volume (cu ft): _____ # Stories: _____ Surface Area: _____ Avg. Story Height: _____ <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>Pre-Temperature</u> Inside: _____ Outside: _____ </div> <div style="width: 45%;"> <u>Post Temperature</u> Inside: _____ Outside: _____ </div> </div> <div style="text-align: center;"> <u>Blower Door Air Leakage Rate (CFM)</u> </div> Pre-Retrofit: _____ @ _____ Pascals Ring Used: _____ Post-Retrofit: _____ @ _____ Pascals Location of BD: _____ CFM Change: _____ Target Post CFM Pre DTL: _____ MVL: _____ Pre Δ P: _____ Post DTL: _____ OTL: _____ Post Δ P: _____ <div style="text-align: center;"> <u>Attached/Tuck-Under Garage Blower Door Air Leakage Rate (CFM)</u> </div> Method: _____ House to Garage Pressure (Pre): _____ Beginning CFM: _____ House to Garage Pressure (Post): _____ Ending CFM: _____
Vermiculite	Knob & Tube Wiring
Vermiculite Present in Home: _____ Location of Vermiculite: _____ Results of Testing: _____	Knob & Tube Wiring Present in Home: _____ Location of Knob & Tube Wiring: _____ # Fuses Present: _____ Amperage: _____

PLUMBING & MECHANICAL - INSPECTION NOTES

CWR (Y/N)

Inspector Printed Name

Inspector Signature

Date

PLUMBING & MECHANICAL - RE-INSPECTION NOTES

CWR (Y/N)

Inspector Printed Name

Inspector Signature

Date

PLUMBING & MECHANICAL - QCI INSPECTION NOTES

CWR (Y/N)

Inspector Printed Name

Inspector Signature

Date

PLUMBING & MECHANICAL - 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

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 _____

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

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 _____

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

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 _____

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										
Final										

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	
<u>File/Audit Review</u>	<u>Additional Comments/Notes</u>
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

