



Weatherization Assistance Program Quality Control Form

**FORM
WX1**

Agency <input type="checkbox"/> BVCAP <input type="checkbox"/> CAPLSC <input type="checkbox"/> CAPMN <input type="checkbox"/> CNCS <input type="checkbox"/> NENCAP <input type="checkbox"/> NWCAP <input type="checkbox"/> SENCA	Inspector Name: _____	Job Number: _____
Client Name: _____	Address: _____	Phone: _____
NEO QCI: _____	Subgrantee QCI: _____	Primary Fuel Type: <input type="checkbox"/> Nat. Gas <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Other: _____

FILE REVIEW
Lead Safe Weatherization Documentation

1. Lead Hazard Pre-Renovation Form
 Yes
 No, why _____
 N/A, 1978 or later or verified as lead free

2. Certified Renovator Documentation
 Yes Certified Renovator: _____ Certified Firm: _____
 No, why _____
 N/A, 1978 or later or verified as lead free

3. Crew/Contractor Information Included
 Photo Documentation Included: Yes No Additional Documentation: _____

Mold and Moisture Documentation

1. Mold Assessment and Release Form
 Yes
 No, why _____

2. Observed Issues/Concerns: _____

Health and Safety Testing/Documentation

1. Heating System Inspection:
 Initial Inspection Completed By: _____
 2nd Inspection Completed By: _____
 Sizing Calcs. Completed for Replacement Unit(s): Yes No, Why _____

2. Pre-Weatherization – Completed by: _____
 Primary Heat: CAZ Draft CO Combustion Efficiency No, or not able to determine if testing was completed
 Other appliances tested:
 Water Heater: CAZ Draft CO Notes: _____
 Stovetop/Range: CAZ Draft CO Notes: _____
 Other: CAZ Draft CO Notes: _____

3. Post Weatherization – Completed by: _____
 Primary Heat: CAZ Draft CO Combustion Efficiency No, or not able to determine if testing was completed
 Other appliances tested:
 Water Heater: CAZ Draft CO Notes: _____
 Stovetop/Range: CAZ Draft CO Notes: _____
 Other: CAZ Draft CO Notes: _____

Air Infiltration Testing

1. Pre-Weatherization: _____ CFM⁵⁰ Completed by: _____

1. Pre-Infiltration: _____ CFM⁵⁰ Completed by: _____

2. Post-Infiltration: _____ CFM⁵⁰ Completed by: _____

2. Post-Weatherization: _____ CFM⁵⁰ Completed by: _____

Energy Audit Documentation

1. All Identified Measures Completed: Yes No, Why _____

2. Data Entry Measures Reviewed: Yes No, Why _____

Measures Recommended: _____

Comments: _____

State Historic Preservation Documentation

1. SHPO Approval Included:

- Yes
- No, why _____
- N/A, home is less than 45 years old

ON-SITE WORK ASSESSMENT

Attics

1. Attic Air Sealing Performed N/A On Work Order: Y or N On BCJO: Y or N

- Yes, work appears to have been performed to specified standards.
- Yes, work appears to have been performed but cannot verify (no access to attic, closed cavity, etc.).
- Yes, work appears to have been performed to specified standards but does not reflect good workmanship.
Explain: _____
- Yes, some work was performed but NOT ALL work meets specified standards.
Explain: _____
- No, item does not appear to have been performed but can not verify (no access to attic, closed cavity, etc.).
- No, item was on work order but not installed and NO justification in the file.
- No, site visit indicates that it should have been on work order.

2. Attic Insulation Installed N/A On Work Order: Y or N On BCJO: Y or N
Pre Wx R= _____ Post Wx R= _____

- Yes, work appears to have been performed to specified standards.
- Yes, work appears to have been performed but cannot verify (no access to attic, closed cavity, etc.).
- Yes, work appears to have been performed to specified standards but does not reflect good workmanship.
Explain: _____
- Yes, some work was performed but NOT ALL work meets specified standards.
 - Improper material choice
 - Not to proper depth
 - General installation concerns. Explain: _____
- No, item does not appear to have been performed but can not verify (no access to attic, closed cavity, etc.).
- No, item was on work order but not installed and NO justification in the file.
- No, site visit indicates that it should have been on work order.

3. Insulation Certificate Completed and Posted N/A On Work Order: Y or N On BCJO: Y or N

- Yes, certificate includes appropriate information and is visible from the access.
- Yes, certificate includes appropriate information, but in location other than attic.
- Yes, certificate is installed but not complete or does not include all appropriate information.
- No, certificate is not completed and posted.

4. Heat Source Shielding and/or Damming N/A On Work Order: Y or N On BCJO: Y or N

- Yes, work appears to have been performed to specified standards.
- Yes, work appears to have been performed but cannot verify (no access to attic, closed cavity, etc.).
- Yes, work appears to have been performed to specified standards but does not reflect good workmanship.
- Yes, some work was performed but NOT ALL work meets specified standards.
Explain: _____
- No, item was on work order but not installed and NO justification in the file.
- No, item was not on work order, even though standards require it.
- N/A, no heat sources or vents go through the attic.

5. Attic Venting N/A On Work Order: Y or N On BCJO: Y or N

- Yes, work appears to have been performed to specified standards.
- Yes, work appears to have been performed but cannot verify (no access to attic, closed cavity, etc.).
- Yes, work appears to have been performed to specified standards but does not reflect good workmanship.
Explain: _____
- Yes, some work was performed but NOT ALL work meets specified standards.
Explain: _____
- No, item was on work order but not installed and NO justification in the file.
- No, item was not on work order, even though standards require it.

Attics (continued)

6. Attic Access Insulated, Air Sealed and Secured N/A On Work Order: Y or N On BCJO: Y or N
- Yes, work appears to have been performed to specified standards.
- Yes, work appears to have been performed to specified standards but does not reflect good workmanship.
 Explain: _____
- Yes, some work was performed but NOT ALL work meets specified standards.
- Improper material choice
- Not to proper depth
- Minimum access size (13" x 20") confirmed
- General installation concerns.
 Explain: _____
- No, item was not on work order, even though standards require it.
- No, item was on work order but not installed and NO justification in the file.

7. Energy Related Attic Repairs Documented N/A On Work Order: Y or N On BCJO: Y or N
- Yes
- No
 Explain: _____
- N/A, no repairs were performed.

8. H&S Related Attic Repairs Documented N/A On Work Order: Y or N On BCJO: Y or N
- Yes
- No
 Explain: _____
- N/A, no repairs were performed.

9. Density Sample Taken:
- Yes, Density and R-Value Confirmed:
- No, Why _____

10. Attic Work Comments: _____

Sidewall/Kneewall/Building Envelope

1. Sidewall Insulation Installed N/A On Work Order: Y or N On BCJO: Y or N
- Pre Wx R= _____ Post Wx R= _____
- Yes, work appears to have been performed to specified standards, verified through density testing and available tools (IR).
- Yes, work appears to have been performed to specified standards based on bag/density comparison, but cannot verify.
- Yes, work appears to have been performed to specified standards but does not reflect good workmanship.
 Explain: _____
- Yes, some work was performed but NOT ALL work meets specified standards.
 Explain: _____
- No, item was on work order but not installed and NO justification in the file.
- No, site visit indicates that it should have been on work order.

2. Plugs, Patching & Painting Completed N/A On Work Order: Y or N On BCJO: Y or N
- Yes, work appears to have been performed to specified standards.
- Yes, work appears to have been performed to specified standards but does not reflect good workmanship.
 Explain: _____
- Yes, some work was performed but NOT ALL work meets specified standards.
 Explain: _____
- No, work was not appropriate or did not meet specified standards.

3. General Air Sealing of Building Envelope N/A On Work Order: Y or N On BCJO: Y or N
- Site visit indicates that it should have been on work order.
- Yes, work appears to have been performed to specified standards.
- Yes, work appears to have been performed to specified standards but does not reflect good workmanship.
 Explain: _____
- Yes, some work was performed but NOT ALL work meets specified standards.
 Explain: _____
- No, work was not appropriate or did not meet specified standards.

Sidewall/Kneewall/Building Envelope (continued)

4. Kneewall Access Insulated, Air Sealed and Secured N/A On Work Order: Y or N On BCJO: Y or N
 Yes, work appears to have been performed to specified standards.
 Yes, work appears to have been performed to specified standards but does not reflect good workmanship.
Explain: _____
 Yes, some work was performed but NOT ALL work meets specified standards.
 Improper material choice
 Not to proper depth
 Minimum access size (13" x 20") confirmed
 General installation concerns
Explain: _____
 No, item was not on work order, even though standards require it.
 No, item was on work order but not installed and NO justification in the file.
5. Kneewall Insulation Certificate Completed and Posted N/A On Work Order: Y or N On BCJO: Y or N
 Yes, certificate includes appropriate information and is visible from the access.
 Yes, certificate includes appropriate information, but in location other than kneewall attic.
 Yes, certificate is installed but does not include appropriate information.
 No, certificate is not completed and posted.
6. Vapor Barrier on Kneewall Facing Warm Side
 Yes
 No
 N/A
7. Energy Related Sidewall/Kneewall/Building Envelope Repairs Documented N/A On Work Order: Y or N On BCJO: Y or N
 Yes
 No
 N/A, no repairs were performed.
8. Health & Safety Related Sidewall/Kneewall/Building Envelope Repairs Documented N/A On Work Order: Y or N On BCJO: Y or N
 Yes
 No
Explain: _____
 N/A, no repairs were performed.
8. Density Sample Taken:
 Yes, Density and R-Value Confirmed:
 No, Why _____
9. Thermal Imaging Completed:
 Yes
 No, Why _____
10. Sidewall/Kneewall/Building Envelope Comments: _____

Subspaces, Basements and Crawlspaces

1. Subspace Air Sealing Performed N/A On Work Order: Y or N On BCJO: Y or N
 Partial Perimeter Ceiling Complete
 Site visit indicates that it should have been on work order.
 Yes, work appears to have been performed to specified standards.
 Yes, work appears to have been performed to specified standards but does not reflect good workmanship.
Explain: _____
 Yes, some work was performed but NOT ALL work meets specified standards.
Explain: _____
 No, item was on work order, not installed but justification in file.
 No, item was on work order but not installed and NO justification in the file.
 No, site visit indicates that it should have been on work order.

Subspaces, Basements and Crawlspace (continued)

7. Health & Safety Related Subspace Repairs Documented (i.e. dryer venting, moisture, etc.)

N/A

On Work Order: Y or N

On BCJO: Y or N

Yes

No

Explain: _____

N/A, no repairs were performed.

Subspace Work Comments: _____

Heating, Ventilation and Air Conditioning

1. Heating System Replacement

N/A

On Work Order: Y or N

On BCJO: Y or N

Yes, work appears to have been performed to manufacturers' standards and state guidelines.

Yes, work appears to have been performed to standards but does not reflect good workmanship.

Explain: _____

Yes, some work was performed but NOT ALL work meets specified standards/guidelines.

Explain: _____

N/A, not replaced.

No, item was on work order, not installed but justification in file.

No, item was on work order but not installed and NO justification in the file.

No, site visit indicates that it should have been on work order.

Unit Replacement Justification:

SIR>1.0

Health & Safety

Unsure, No Documentation

2. Air Conditioner Replacement

N/A

On Work Order: Y or N

On BCJO: Y or N

Yes, work appears to have been performed to manufacturers' standards and state guidelines.

Yes, work appears to have been performed to standards but does not reflect good workmanship.

Explain: _____

Yes, some work was performed but NOT ALL work meets specified standards/guidelines.

Explain: _____

N/A, not replaced.

No, item was on work order, not installed but justification in file.

No, item was on work order but not installed and NO justification in the file.

No, site visit indicates that it should have been on work order.

3. Heat Pump Installation/Replacement

N/A

On Work Order: Y or N

On BCJO: Y or N

Yes, work appears to have been performed to manufacturers' standards and state guidelines.

Yes, work appears to have been performed to standards but does not reflect good workmanship.

Explain: _____

Yes, some work was performed but NOT ALL work meets specified standards/guidelines.

Explain: _____

N/A, not replaced.

No, item was on work order, not installed but justification in file.

No, item was on work order but not installed and NO justification in the file.

No, site visit indicates that it should have been on work order.

4. Heating System Tune & Clean

N/A

On Work Order: Y or N

On BCJO: Y or N

Yes, work appears to have been performed to specified standards.

Yes, work appears to have been performed to standards but does not reflect good workmanship.

Explain: _____

Yes, some work was performed but NOT ALL work meets specified standards.

Explain: _____

No, item was on work order, not completed but justification in file.

No, item was on work order but not completed and NO justification in the file.

No, site visit indicates that it should have been on work order.

Heating, Ventilation and Air Conditioning (continued)

5. Cooling System Tune & Clean □ N/A On Work Order: □ Y or □ N On BCJO: □ Y or □ N
- Yes, work appears to have been performed to specified standards.
- Yes, work appears to have been performed to standards but does not reflect good workmanship.
Explain: _____
- Yes, some work was performed but NOT ALL work meets specified standards.
Explain: _____
- No, item was on work order, not completed but justification in file.
- No, item was on work order but not completed and NO justification in the file.
- No, site visit indicates that it should have been on work order.

6. Duct Sealing □ N/A On Work Order: □ Y or □ N On BCJO: □ Y or □ N
- Yes, work appears to have been performed to specified standards.
- Yes, work appears to have been performed to standards but does not reflect good workmanship.
Explain: _____
- Yes, some work was performed but NOT ALL work meets specified standards.
Explain: _____
- No, item was on work order, not completed but justification in file.
- No, item was on work order but not completed and NO justification in the file.
- No, site visit indicates that it should have been on work order.

7. Distribution System Modifications (balancing ductwork, belly return conversions, etc.) □ N/A On Work Order: □ Y or □ N On BCJO: □ Y or □ N
- Yes, work appears to have been performed to specified standards.
- Yes, work appears to have been performed to standards but does not reflect good workmanship.
Explain: _____
- Yes, some work was performed but NOT ALL work meets specified standards.
Explain: _____
- No, item was on work order, not completed but justification in file.
- No, item was on work order but not completed and NO justification in the file.
- No, site visit indicates that it should have been on work order.

8. Setback Thermostat □ N/A On Work Order: □ Y or □ N On BCJO: □ Y or □ N
- Yes, work appears to have been performed to specified standards.
- Yes, work appears to have been performed to standards but does not reflect good workmanship.
Explain: _____
- Yes, some work was performed but NOT ALL work meets specified standards.
Explain: _____
- No, item was on work order, not completed but justification in file.
- No, item was on work order but not completed and NO justification in the file.
- No, site visit indicates that it should have been on work order.

9. Heating, Ventilation and Air Conditioning Work Comments: _____

Windows and Doors

1. Window Replacement □ N/A On Work Order: □ Y or □ N On BCJO: □ Y or □ N
- Yes, work appears to have been performed to standards and state guidelines.
- Yes, work appears to have been performed to standards but does not reflect good workmanship.
Explain: _____
- Yes, some work was performed but NOT ALL work meets specified standards.
- Installation
- Window Selection NFRC Rating: _____
- Location
- No, item was on work order but not completed and NO justification in the file.
- No, site visit indicates that it should have been on work order.
- N/A, no windows replaced.
Justification for Replacement:
- SIR>1.0 Beyond Repair Unsure, No Documentation

Windows and Doors (continued)

2. Storm Window Replacement N/A On Work Order: Y or N On BCJO: Y or N

Yes, work appears to have been performed to standards and state guidelines.

Yes, work appears to have been performed to standards but does not reflect good workmanship.
Explain: _____

Yes, some work was performed but NOT ALL work meets specified standards.

Installation

Material Selection

Location

No, item was on work order but not completed and NO justification in the file.

No, site visit indicates that it should have been on work order.

N/A, no storm windows replaced.

3. Door Replacement N/A On Work Order: Y or N On BCJO: Y or N

Yes, work appears to have been performed to standards and state guidelines.

Yes, work appears to have been performed to standards but does not reflect good workmanship.
Explain: _____

Yes, some work was performed but NOT ALL work meets specified standards.

Installation

Window Selection NFRC Rating: _____

Location

No, item was on work order but not completed and NO justification in the file.

No, site visit indicates that it should have been on work order.

N/A, no windows replaced.

Justification for Replacement:

SIR>1.0 Beyond Repair Unsure, No Documentation

4. Window Air Sealing N/A On Work Order: Y or N On BCJO: Y or N

Site visit indicates that it should have been on work order.

Yes, work appears to have been performed to standards and state guidelines.

Yes, work appears to have been performed to standards but does not reflect good workmanship.
Explain: _____

Yes, some work was performed but NOT ALL work meets specified standards.

Installation

Material Selection

Explain: _____

No, item was on work order but not completed and NO justification in the file.

N/A, no window air sealing required.

5. Door Air Sealing N/A On Work Order: Y or N On BCJO: Y or N

Site visit indicates that it should have been on work order.

Yes, work appears to have been performed to standards and state guidelines.

Yes, work appears to have been performed to standards but does not reflect good workmanship.
Explain: _____

Yes, some work was performed but NOT ALL work meets specified standards.

Installation

Material Selection

Explain: _____

No, item was on work order but not completed and NO justification in the file.

N/A, no door air sealing required.

6. Energy Related Window and Door Work Documented N/A On Work Order: Y or N On BCJO: Y or N

Yes

No

Explain: _____

N/A, no repairs were performed.

7. Window and Door Work Comments: _____

Baseloads and Other

1. Water Heater Replacement N/A On Work Order: Y or N On BCJO: Y or N

Yes, work appears to have been performed to manufacturers' standards and state guidelines.

Yes, work appears to have been performed to standards but does not reflect good workmanship.

Explain: _____

Yes, some work was performed but NOT ALL work meets specified standards/guidelines.

Explain: _____

N/A, not replaced.

No, item was on work order, not installed but justification in file.

No, item was on work order but not installed and NO justification in the file.

Site visit indicates that it should have been on work order.

Unit Replacement Justification:

SIR>1.0

Health & Safety

Unsure, No Documentation

2. Pipe Insulation N/A On Work Order: Y or N On BCJO: Y or N

Yes, work appears to have been performed to standards and state guidelines.

Yes, work appears to have been performed to standards but does not reflect good workmanship.

Explain: _____

Yes, some work was performed but NOT ALL work meets specified standards.

Inappropriately secured

To close heat source

Incomplete

Material Selection

Explain: _____

N/A, not required.

No, item was on work order, not installed but justification in file.

No, item was on work order but not installed and NO justification in the file.

No, site visit indicates that it should have been on work order.

3. Low-Flow Showerheads N/A On Work Order: Y or N On BCJO: Y or N

Yes, work appears to have been performed to standards and state guidelines.

N/A, not required.

No, item was on work order, not installed but justification in file.

No, item was on work order but not installed and NO justification in the file.

No, site visit indicates that it should have been on work order.

4. High Efficiency Lighting N/A On Work Order: Y or N On BCJO: Y or N

Yes, work appears to have been performed to standards and state guidelines.

Yes, but improper bulb selection.

N/A, not required.

No, item was on work order, some/all not installed but justification in file.

No, item was on work order but some/not all installed and NO justification in the file.

No, site visit indicates that it should have been on work order.

5. Carbon Monoxide Detector(s) N/A On Work Order: Y or N On BCJO: Y or N

Yes, work appears to have been performed to standards and state guidelines.

Yes, but location is questionable.

N/A, not required.

No, item was on work order, not installed but justification in file.

No, item was on work order but not installed and NO justification in the file.

No, site visit indicates that it should have been on work order.

Baseloads and Other (continued)

6. ASHRAE Ventilation Fan N/A On Work Order: Y or N On BCJO: Y or N
- Yes, work appears to have been performed to standards and state guidelines and appropriate calculations in the file.
- Yes, but location is questionable.
Explain: _____
- N/A, not required and appropriate calculations in the file.
- No, item was on work order, not installed but justification in file.
- No, item was on work order but not installed and NO justification in the file.

7. Other Health & Safety Related Work Installed/Documented N/A On Work Order: Y or N On BCJO: Y or N
- Yes (list)
- No
Explain: _____
- N/A, no repairs were performed.

8. Other Baseload Energy Related Work Installed/Documented N/A On Work Order: Y or N On BCJO: Y or N
- Yes (list)
- No
Explain: _____
- N/A, no repairs were performed.

9. Baseload and Other Work Comments: _____

Incidental Repairs

1. All incidental repair work is justified in the client file with an explanation of the need and the specific energy conservation measure(s) impacted.
- Yes (list)
- No
Explain: _____
- N/A, no repairs were performed.
2. All incidental repair work is completed within the \$500.00 limit.
- Yes (list)
- No
Explain: _____
- N/A, no repairs were performed.
3. Does this unit need additional attention from the crew, contractor, or agency?
- Yes. Checking yes requires additional explanation: _____
- No

SIGNATURE

 Quality Control Inspector Name (print) _____

Sign Here  Signature _____

_____ Date



Client Education Confirmation of Receipt

BVCAP CAPLSC CAPMN CNCS NENCAP NWCAP SENCA

Client Name: _____ Job Number: _____

Address: _____ City: _____ Phone Number: _____

CLIENT CONFIRMATION OF RECEIPT

I have received the following information as part of my participation in the Nebraska Weatherization Assistance Program.

- Lead-Safe Education** — A copy of the pamphlet, *Renovate Right: Important Lead Hazard Information for Families, Child Care Providers and Schools*, informing me of the potential risk of the lead hazard exposure from weatherization/renovation activity to be performed in my dwelling unit.

- Energy Consumption Education** — Information regarding changes I can make in order to reduce the energy consumption of my household.

- Mold and Moisture Education** — A copy of the pamphlet, *A Brief Guide to Mold and Moisture and Your Home*, informing me of how to clean up residential mold problems and how to prevent mold growth.

- Asbestos Education** — Information regarding what asbestos is, the dangers and ways to avoid asbestos exposure.

- Radon Education** — Information regarding what radon is, and the health effects radon exposure can have on people.

CLIENT SIGNATURE

Sign Here Signature _____ Date _____

SELF-CERTIFICATION OPTION

I hereby certify that I attempted to deliver the following educational information to the dwelling client listed above:

Lead-Safe **Energy Consumption** **Mold and Moisture** **Asbestos** **Radon**

If the information was delivered but a client signature was not obtainable, you may check the appropriate box below:

- Refusal to Sign** — I certify that I have made a good faith effort to deliver the information to the client of the dwelling unit listed above at the date and time indicated and that the client refused to sign the Education Confirmation of Receipt form. I furthermore certify that I have left copies of the information listed above at the dwelling unit with the client.

AGENCY EMPLOYEE SIGNATURE

Sign Here Agency Employee Signature _____

Printed Name of Agency Employee _____ Date _____

This material was prepared with the support of the U.S. Department of Energy (DOE), Low Income Weatherization Assistance Program Grant. However, any opinions findings conclusions or recommendations expressed herein are those of the author and do not necessarily reflect the views of DOE.



Lead Hazard Pre-Renovation Form

Agency: BVCAP CAPLSC CAPMN CNCS NENCAP NWCAP SENCAP

Client Name: _____ Job Number: _____

Address: _____ City: _____ Phone Number: _____

PAMPHLET RECEIPT

I have received a copy of the lead hazard information pamphlet informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began.

CLIENT'S SIGNATURE

Sign Here ▶ Client Signature _____

▶ Printed Name of Client _____ Date _____

RENOVATOR'S SELF CERTIFICATION OPTION (for tenant-occupied dwellings only)

Instructions to Renovator: If the lead hazard information pamphlet was delivered but a tenant signature was not obtainable, you may check the appropriate box below.

- Declined** — I certify that I have made a good faith effort to deliver the lead hazard information pamphlet to the rental dwelling unit listed below at the date and time indicated and that the occupant declined to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit with the occupant.
- Unavailable for Signature** — I certify that I have made a good faith effort to deliver the lead hazard information pamphlet to the rental dwelling unit listed below and that the occupant was unavailable to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit by sliding it under the door or by (fill in how pamphlet was left). _____

Unit Address: _____

RENOVATOR'S SIGNATURE

Sign Here ▶ Renovator's Signature _____

▶ Printed Name of Renovator _____ Attempted Delivery Date _____

Note Regarding Mailing Option — As an alternative to delivery in person, you may mail the lead hazard information pamphlet to the owner and/or tenant. Pamphlet must be mailed at least seven days before renovation. Mailing must be documented by a certificate of mailing from the post office.

This material was prepared with the support of the U.S. Department of Energy (DOE), Low Income Weatherization Assistance Program Grant No. DE-EE0000137. However, any opinions findings conclusions or recommendations expressed herein are those of the author and do not necessarily reflect the views of DOE.



Weatherization Deferral Notice

Agency: BVCAP CAPLSC CAPMN CNCS NENCAP NWCAP SENC

Client Name: _____ Job Number: _____

Address: _____ City: _____ Phone Number: _____

ISSUES PREVENTING WEATHERIZATION

The following issues prevent the installation of Weatherization conservation measure(s) at this time:

- Malfunctioning combustion appliance(s) present that we are unable to correct:**
 Furnace/Heater Water Heater Range/Oven Clothes Dryer Other _____
- Extensive repair of structure or mechanical system is required that is cost-prohibitive:**
 Structure Plumbing Electrical Heating Other _____
- Sanitation problems are present which could endanger the Weatherization crew:**
 Sewage Other _____
- Severe moisture problems are present:**
 Structure Crawlspace Attic Other _____
- Harmful pesticide residue or Hazardous pest/insect infestation is present:**
 Dwelling Yard Crawlspace Attic Other _____
- Excessive peeling paint on pre-1978 home:**
 Interior work area Exterior work area Other _____
- Other problems:**
 Detailed description of problems: _____

CLIENT ACKNOWLEDGEMENT

I/we have read (or had explained) the contents of this form and understand that: (1) the health and safety problems indicated above prevent the completion of Weatherization work at this time; (2) program limitations prevent the Weatherization Program from correcting the problem(s) and (3) if the problems/issues listed above are corrected within **60 days** from the date of this notification Weatherization work will resume on the property.

Sign Here Owner, Tenant Signature _____ Date _____

Landlord, Agent Signature _____ Date _____

To report that the problems/issues have been corrected please contact:
 Agency: _____ Phone: _____
 Weatherization Representative: _____ Date: _____

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Mold Assessment and Release Form

Agency: BVCAP CAPLSC CAPMN CNCS NENCAP NWCAP SENCA

Client Name: _____ Job Number: _____

Address: _____ City: _____ Phone Number: _____

MOLD HEALTH AND SAFETY ASSESSMENT

Mold can be a problem in any dwelling, especially in those where an excessive amount of moisture and humidity are present. Dwellings containing several people, pets, plants or fish aquariums tend to have higher moisture and humidity issues where conditions may exist for mold to grow.

The Weatherization Program's Health & Safety assessment of your home includes a visual check for mold. This is not a mold inspection, the person making the assessment is not a mold inspector, the testing of specific molds is beyond the scope of the program and the Weatherization program is not liable for mold that was found during the inspection.

During the assessment the inspector indicated mold growing in the following areas of your home:

DWELLING AREAS	MOLD IS:	
Living/Bedroom	<input type="checkbox"/> visibly present	<input type="checkbox"/> not visibly present
Bathroom Areas	<input type="checkbox"/> visibly present	<input type="checkbox"/> not visibly present
Laundry Areas	<input type="checkbox"/> visibly present	<input type="checkbox"/> not visibly present
Combustion Areas	<input type="checkbox"/> visibly present	<input type="checkbox"/> not visibly present
Crawl Space Areas	<input type="checkbox"/> visibly present	<input type="checkbox"/> not visibly present
Attic Areas	<input type="checkbox"/> visibly present	<input type="checkbox"/> not visibly present
Basement Areas	<input type="checkbox"/> visibly present	<input type="checkbox"/> not visibly present
Other Areas	<input type="checkbox"/> visibly present	<input type="checkbox"/> not visibly present

Specific Area Description: _____

Moldy or musty odors are also an indicator of hidden mold growth:
Moldy or musty odors are: Present Not present

SIGNATURES

Agency Employee's Signature

Sign Here _____ Agency Employee's Signature _____ Date _____

The client must sign one of the following disclaimers:

Mold/Moisture Disclaimer: By signing below I acknowledge that I have received information concerning moisture and mold conditions in my home prior to any Weatherization work being completed and I will take steps to reduce excessive moisture. I agree to hold the Weatherization program harmless for any future moisture or mold problems that are not associated with the Weatherization work.

Sign Here _____ Client Signature _____ Date _____

Deferral Disclaimer: By signing below I acknowledge that I have been notified there is existing mold in the home prior to any Weatherization work being completed. I have further been advised that remediating mold is outside of the scope of the Weatherization program and that the work must be deferred until the mold and/or moisture problem is remedied.

Sign Here _____ Client Signature _____ Date _____

This material was prepared with the support of the U.S. Department of Energy (DOE), Low Income Weatherization Assistance Program Grant. However, any opinions findings conclusions or recommendations expressed herein are those of the author and do not necessarily reflect the views of DOE.



Client Health and Safety Consent Form

BVCAP CAPLSC CAPMN CNCS NENCAP NWCAP SENCA

Client Name: _____ Job Number: _____

Address: _____ City: _____ Phone Number: _____

HEALTH AND SAFETY ASSESSMENT CONSENT

The Health & Safety of the home/building, the occupants or the Weatherization providers shall not be compromised by any material, technique or practice. To ensure Health & Safety, relevant assessments of the home/building must be conducted as part of the building analysis. Based on these Health & Safety Assessments the Weatherization Program provider will make a determination regarding whether there are any existing Health & Safety concerns that may result in a delay or deferral of Weatherization services.

I have read (or had explained) the above statements and I consent to permit the Weatherization program provider to enter my property and perform the required Health & Safety assessments.

Sign Here ▶ Client Signature _____ Date _____

▶ Agency Representative Signature _____

CONSENT TO PERFORM WORK

This is a program funded by the U.S. Department of Energy to provide assistance to low income homeowners by making their homes more energy efficient. The goal of the program is to help low income people reduce their fuel bills by lowering their energy consumption. It is a onetime only service and the work performed is of a permanent nature. After final inspection, the measures implemented become my personal property and it is my responsibility to maintain and repair installed measures to keep the building systems in working condition.

I have read (or had explained) the above statements and I consent to permit the Weatherization program provider enter my property and perform these services on my home.

Sign Here ▶ Client Signature _____ Date _____

▶ Agency Representative Signature _____

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Home Health and Safety Screening Questionnaire

Agency: BVCAP CAPLSC CAPMN CNCS NENCAP NWCAP SENCA

Client Name: _____ Job Number: _____

Address: _____ City: _____ Phone Number: _____

CLIENT QUESTIONNAIRE

In performing Weatherization services, we strive to use the safest materials possible. All products used in Weatherization Services must be approved by the U.S. Department of Energy. It is recognized that some products used may have an odor (Volatile Organic Compound or VOC) that some people may find objectionable or to which some people may experience sensitivity. If any family member believes that they may be hypersensitive to, or otherwise objects to the use in your home of any of the common commercial building materials listed below, please indicate with a check mark next to the item:

NO household occupant(s) have known hypersensitivities, allergies or objection to the use in my home of the commercial building products listed below, and I hereby agree to hold harmless and release the Weatherization Assistance Program, its agencies and contractors from any liability that may result from the use of these products.

YES at least one household occupant is hypersensitive, allergic or objects to certain types of commercial building products.

If you answered “Yes” above, please fill out the section below.

PRODUCTS BANNED FROM USE

Please indicate the products that may **NOT** be used in your home. Be aware that there may be some products for which there are no reasonable or acceptable substitutions. Checking off some items on this list may mean that we are unable to perform some energy-saving measures for your home. If there are any questions about the products, please ask for more information about how the product may be used before checking an item as unacceptable:

Check the products NOT to be used:

- | | |
|---|---|
| <input type="checkbox"/> latex acrylic or silicone caulk or sealant | <input type="checkbox"/> adhesive tape products |
| <input type="checkbox"/> spray-on adhesives | <input type="checkbox"/> duct sealant |
| <input type="checkbox"/> wall spackle patch | <input type="checkbox"/> gas pipe sealant, pvc primer or glue |
| <input type="checkbox"/> interior latex paint or primer | <input type="checkbox"/> exterior paint, primer or roof sealant |
| <input type="checkbox"/> vinyl or plastic products or sheeting | <input type="checkbox"/> rigid foam insulation or spray foam |
| <input type="checkbox"/> fiberglass insulation (rigid, blanket, loose) | <input type="checkbox"/> cellulose insulation (loose fill) |
| <input type="checkbox"/> fluorescent light bulbs | <input type="checkbox"/> other (please list below) _____ |
| <input type="checkbox"/> any products with volatile organic compounds or odor | _____ |

The products checked above may not be used in the Weatherization of my home. It is understood that some energy conservation measures may not be completed due to the restrictions requested based upon possible health concerns.

SIGNATURES

Sign Here Client Signature _____ Date _____

Weatherization Representative _____ Date _____

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Health and Safety Checklist

Agency: BVCAP CAPLSC CAPMN CNCS NENCAP NWCAP SENC

Job Number: _____

Client Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

PUBLICATIONS AND DOCUMENTS

Please check the boxes below to indicate which materials have been delivered to the client listed above.

- Health and Safety Assessment Consent Form WX6
- Home and Safety Home Screening Questionnaire Form WX7
- Renovate Right (occupants of all buildings built pre-1978)
- Lead Hazard Pre-Renovation Form WX3
- Nebraska Radon Information Fact Sheet
- A Brief Guide to Mold, Moisture and Your Home
- Nebraska Mold Assessment and Release Form WX5
- Consumer Product Safety Asbestos Fact Sheet
- Nebraska Weatherization Program — Even More Dollar and Energy Savings Brochure
- Weatherization Deferral Notice Form WX4
- Consent to Perform Work section of Form WX6
- Client Education Confirmation of Receipt Form WX2

SIGNATURE

I hereby certify that I have left copies of the materials checked above at the dwelling unit with the client. The materials checked above have been given to the above-listed client.

Sign Here

Weatherization Representative _____

Date _____

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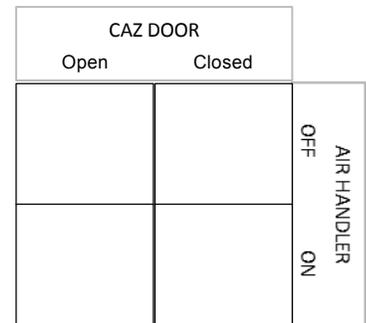
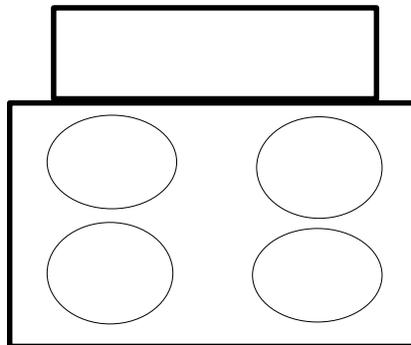
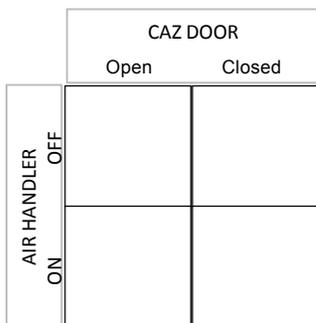
State of Nebraska Weatherization Assistance Program CAZ Depressurization Test

**FORM
WX9**

Client Name:		Project Number:
Street Address:	City:	Client Phone:
CAZ Location:	Pre-test Date:	Post-date:

Test Steps		Pre-WX	Post-WX	
1.	Check gas line & fittings from meter to appliances for leaks.			
2.	Inspect venting and deactivate all combustable appliances.			
3.	Record outdoor temperature.	°F	°F	
4.	Close all exterior windows, doors, solid fuel dampers and operable vents in the CAZ. Set all combustion appliances to the pilot setting or turn off the service disconnect.			
5.	Set CAZ baseline with reference to outside on DG 700. Record base pressure WRT outside.	Pa	Pa	
6.	Remove filter from furnace and clean lint trap on dryer.			
7.	Activate all exhaust fans. If home has a fireplace, simulate for appropriate CFM.			
8.	Close all interior doors and check pressure difference wrt CAZ. Open door if (-), close if (+). Recheck all interiors and position for worst case depressurization.			
9.	Record CAZ measurement with CAZ door open. (When operating DG700, reset if on long).	Pa	Pa	
10.	Record CAZ measurement with CAZ door closed. (When operating DG700, reset if on long).	Pa	Pa	
11.	Take CAZ measurement with air handler on CAZ door open and record (Reset DG700 if on long).			
12.	Take CAZ measurement with air handler on CAZ door closed and record (Reset DG700 if on long).			
13.	Put house in worst case condition.			
14.	Test combustable appliances, testing smallest BTU first (be sure and test furnace temp rise).			
a.	Appliance 1: <i>General Note: Spillage must end within 1 minute. If spillage fails under worse case, test under natural conditions.</i>	Spillage (one minute) CO Draft	yes no ppm Pa	yes no ppm Pa
b.	Appliance 2: <i>General Note: If spillage ends within 1 minute test the draft in the flue, 1-2' after the diverter or first elbow. Then test CO at steady state.</i>	Spillage (one minute) CO Draft	yes no ppm Pa	yes no ppm Pa
c.	Appliance 3: <i>General Note: Repeat test for each combustion appliance.</i>	Spillage (one minute) CO Draft	yes no ppm Pa	yes no ppm Pa
d.	If outside temp is over 90 degrees: Outside temp 10 to 90 degrees: (Temperature / 40) - 2.75 = Minimum draft If outside temp is under 10 degrees:		Min. Draft	-0.5 Pa.
			Min. Draft	Pa.
			Min. Draft	-2.5 Pa.
15.	Fire all connected appliances simultaneously and test at the draft diverter of each appliance for spillage/draft/CO as above.	Spillage (one minute) CO Draft	yes no ppm Pa	yes no ppm Pa
16.	If any test fails under worst case conditions, re-test with CAZ under natural conditions.			
17.	Return house to pre-test conditions following testing.			
18.	Print the results for all CO and draft testing.			

Notes:



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CAZ DEPRESSURIZATION LIMITS

Venting Condition	Limit (Pascals)
Atmospheric water heater only (Cat I, natural draft), open-combustion appliances	-2
Atmospheric water heater (Cat I, natural draft) and atmospheric furnace (Cat I, natural draft), common-vented, open-combustion appliances	-3
Gas furnace or boiler, Cat I or Cat I fan-assisted, open-combustion appliances	-5
Oil or gas unit with power burner, low- or high-static pressure burner, open-combustion appliances	-5
Closed, controlled wood-burning appliances	-7
Induced-draft appliances (fan at point of exit at wall), Cat I with induced-draft, open-combustion appliances	-15
Pellet stoves with exhaust fan and sealed vent	-15
Gas appliances, Cat III vented through wall, forced-draft, open-combustion appliances	-15
Direct-vent, sealed combustion appliances with forced-draft	-25

ACCEPTABLE DRAFT TEST RANGES

Outside Temperature (Degrees °F)	Minimum Draft Pressure Standard (Pa)
<10 degrees °F	-2.5
10 to 90 degrees °F	Temp. out divide by 40 minus 2.75
> 90 degrees °F	-0.5

COMBUSTION SAFETY CO TEST ACTION LEVELS

CO Test Result	And/Or	Spillage and Draft Test Results	Retrofit Action
0-25 ppm	And	Passes	Proceed with work.
26-100 ppm	And	Passes	Recommend the CO problem be fixed.
26-100 ppm	And	Fails at worst case only	Recommend a service call for the appliance and/or repairs to the home to correct the problem.
100-400 ppm	Or	Fails under natural conditions	STOP WORK: Work may not proceed until the system is serviced and the problem is corrected.
>400 ppm	And	Passes	STOP WORK: Work may not proceed until the system is serviced and the problem is corrected.
>400 ppm	And	Fails under any condition	EMERGENCY: Shut off fuel to appliance and follow the NEO WAP program guidelines.



Daily Safety Test Out

Agency <input type="checkbox"/> BVCAP <input type="checkbox"/> CAPLSC <input type="checkbox"/> CAPMN <input type="checkbox"/> CNCS <input type="checkbox"/> NENCAP <input type="checkbox"/> NWCAP <input type="checkbox"/> SENCA	Tester Name: _____	Job Number: _____
Client Name: _____	Address: _____	Phone: _____
		Date: _____

TEST SET UP

	Day 1	Day 2	Day 3
Turn all combustion appliances off or to pilot	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Remove forced air furnace filter	<input type="checkbox"/> Yes <input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Close all exterior doors, windows and other openings	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Close fireplace or woodstove dampers	<input type="checkbox"/> Yes <input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Turn on clothes dryer and all other exhaust fans (Clean dryer lint trap and use a "no heat" setting) (Includes power attic ventilators) (Do not operate whole house exhaust fans)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Open supply registers (Close supplies in CAZ)	<input type="checkbox"/> Yes <input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Interior door position:			
Fan Off - Close all doors except to rooms with exhaust fans	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Fan On - Smoke doors to rooms with exhaust fans	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Blower door used to simulate 300 CFM fireplace flow?	<input type="checkbox"/> Yes <input type="checkbox"/> NA	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

CAZ DEPRESSURIZATION TEST

Gauge set up to measure CAZ WRT outside? Yes Yes Yes

Technician: _____

Date: _____

	CAZ Door		CAZ Door		CAZ Door	
	Open	Closed	Open	Closed	Open	Closed
Furnace fan: Off	___ Pa	___ Pa	Off ___ Pa	___ Pa	Off ___ Pa	___ Pa
Furnace fan: On*	___ Pa	___ Pa	On ___ Pa	___ Pa	On ___ Pa	___ Pa

*Reposition doors as needed

RECREATE CONDITIONS WHICH CAUSED THE GREATEST NEGATIVE PRESSURE IN THE CAZ APPLIANCE TESTING

Water Heater: (Test the lowest Btu per hour input appliance first)

Fire the water heater

	Day 1	Day 2	Day 3
Was initial flow established in the vent? (5 sec)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did spillage disappear within 2 minutes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Draft pressure after 5 minutes:	___ Pa	___ Pa	___ Pa

Furnace/boiler/space heater:

Fire the heating appliance

	Day 1	Day 2	Day 3
Was initial flow established in the vent? (5 sec)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did spillage disappear within 2 minutes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Retest of smaller appliance: Spillage	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Draft pressure	___ Pa	___ Pa	___ Pa
Furnace draft pressure after 5 minutes:	___ Pa	___ Pa	___ Pa
Outdoor air temperature:	___ °F	___ °F	___ °F

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“Worst Case Depressurization” Draft Testing

Important

DO NOT BREATHE SPILLING FLUE PRODUCTS!

Be safe! If the appliance does not establish a flow in the vent almost immediately, abort the test and follow the “Response to Failure” procedures. Do not wait for 2 minutes to see if the spillage disappears if the flow in the vent is in the wrong direction and into the room.

Response to Failure:

- 1) Disable portions of “Worst Case” set-up until the furnace or water heater functions properly.
- 2) Inform the client of what to do/not do with the house until permanent corrective action can be taken.
- 3) Notify your Wx Auditor/Supervisor that action is needed to repair problems with the home.

Emergency Condition

If “worst case” is completely undone and the appliances still do not function under “normal” operating conditions:

- **Do not operate the appliance until safety repairs are completed!**
- **Contact your supervisor.**

Specifications:

- A) Flow of flue products must be established to the exterior of the structure in the vent almost immediately.
- B) There should be no spillage within 2 minutes of operation.
- C) Operation of the furnace should not cause spillage or a reduction in draft pressure in any other appliance it shares combustion air with.
- C) Adequate draft pressure after 5 minutes is:

Outdoor Temperature	Minimum Draft Pressure	
	In. of Water Column	Pascals
Greater than 80 Degrees F.	-.005” w.c.	-1 Pa
Between 60 and 80 Degrees F.	-.008” w.c.	-2 Pa
Between 40 and 60 Degrees F.	-.012” w.c.	-3 Pa
Between 20 and 40 Degrees F.	-.016” w.c.	-4 Pa
Less than 20 Degrees F.	-.02” w.c.	-5 Pa



State of Nebraska Weatherization Assistance Program
Lead Safe Observation Report

FORM
WX11

Client Name: Job Number:
Street Address: City: Year of Home: Date
NEO Monitor: Certified Renovator (RRP) Name / Firm Name: Contact Number

HEALTH AND SAFETY TESTING

Did RRP Have Certification Documentation on Site? Did RRP Provide on-site Training?
Who conducted lead-based paint testing?
Is RRP present at time of NEO observation? Can RRP be reach by phone?
Is RRP present during work set up? During Clean-up?
Does RRP have proper records for work summary, training, and certifications? Are signs posted?
Is ground cover needed and correct distance or retaining wall in place?
Were all proposed work areas swab tested? Were pictures taken?

Note: Pictures should include:

- 1. Swab Test 3. Barricade and Signage 4. Indoor Containment 2. PPE 5. Outdoor Containment
6. Bagged With Gooseneck Trash 7. HEPA Vacuum and Dirty Diaper Test

Notes:

Areas of Lead Safe Work:

Additional Notes:



Checklist for Determination of Approval

Agency:

- BVCAP
 CAPLSC
 CAPMN
 CNCS
 NENCAP
 NWCAP
 SENCA

Client Name:

Job Number:

Address:

City:

Phone Number:

CHECKLIST FOR WEATHERIZATION DETERMINATION FACTORS FOR APPROVALS

Make sure you have the following forms and documents before beginning a weatherization project.

NA

- Signed Weatherization Application Form**
- Completed and Signed Basic Intake Form**
- Copy of Proof of Home Ownership (Deed, Taxes, or Mortgage Stub)**
- Copy of the Mobile Home Title**
- Home Information Survey (Client Questionnaire Form WX13)**
- Copy of Assistance Letter from Dept. of Health and Human Services (Energy Assistance or ADCX/TANF)**
- Completed Landlord Agreement/Permission**
- Income Verification**
 - Most recent Social Security or SSI Letter
 - Last 3 months of pay stubs
 - Unemployment Compensation Letter
 - Copy of Social Security Award Letter (SSA, SSDI, or SSI) (For everyone in the household at the time of request)
 - Copy of Your Federal Tax Return (Self-Employment Verification Only)
 - Verification of Any Other Monthly Benefit Amounts (Example: VA pension, retirement/pensions, rental income, 401k, unemployment benefits etc.)

Note: Households with persons receiving either ADC (Aid to Dependent Children) or Supplemental Security Income (SSI) are automatically eligible for free weatherization.

- Completed U.S. Citizen Attestation Form WX15** (Required for all adults in the household)
- Copy of Most Recent Utility Bills With Account Numbers** (Natural Gas & Electric)
- Historical (Section 106) Check**
- Other:**

SIGNATURES

Sign Here

Weatherization Representative

Date

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State of Nebraska Weatherization Assistance Program Weatherization Client Questionnaire

**FORM
WX13**

Agency:

- BVCAP
 CAPLSC
 CAPMN
 CNCS
 NENCAP
 NWCAP
 SENCA

Inspector Name:	Date:	Job Number:
Client Name & Address:	City:	Phone Number:

INSPECTION REQUIREMENTS

Question	Yes	No	Remarks
1. Does your home have broken glass in windows and doors?			
2. Does your home have foundation problems?			
3. Do you have a basement or a crawl space?			
4. Is the outside of your home free of debris so that a contractor could work on your home?			
5. Does your roof leak or is there physical damage to the inside from a roof leak?			
6. Is the access to windows, doors, attic etc. free on the inside of your home?			
7. Are you in the process of remodeling or do you plan on remodeling your home in the near future?			
8. Are any parts of your ceilings, walls or floors incomplete or in need of repairs?			
9. Do you have any broken or leaking water or sewer lines?			
10. Does water leak/stand in the basement or crawlspace?			
11. If mobile home, is the underbelly free of debris and/or standing water?			
12. Have you noticed mold/mildew growing on windows, walls or in corners?			
13. Do you use your attic for storage?			
14. Does your furnace work?			
15. Are any utilities turned off by the utility companies?			
16. Do you have pets in the house?			
17. Do you have any type of wood, pellet, corn stove, or fire place?			
18. Is the house listed for sale?			

BUILDING DETAILS

19. Water heater: Gas Electric
 23. Cooling system: Central Air Window A/C
 20. Cook stove: Gas Electric
 24. If window air conditioning is used, how many do you have?
 21. Do you have a: Breaker Fuse box 1 2 3 4
 22. Heating system:
 Forced Air Steam Water Boiler Vented Console
 Wall Furnace Wood Stove Electric Baseboard Unvented Heater

SIGNATURES

Sign Here _____ Date _____
 Client Signature

_____ Date _____
 Weatherization Representative

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Landlord-Tenant Agreement/Permission Form

**FORM
WX14**

Agency: BVCAP CAPLSC CAPMN CNCS NENCAP NWCAP SENCA

Client Name: _____ Job Number: _____

Address: _____ City: _____ Phone Number: _____

Landlord Name: _____ Phone Number: _____

PROVISIONS FOR LANDLORD/PROPERTY OWNER PERMISSION

Please Print

I, _____ hereby certify that I am the owner/authorized agent, herein referred to as "owner" for the property located at:

Residence or Physical Address _____ City _____ Zip Code _____

Currently occupied by: _____
Tenant _____ Email _____

I hereby give permission to allow [Agency Name] _____ (hereafter known as the "Agency") to perform weatherization services according to the U.S. Department of Energy regulations and in conjunction with the current Nebraska state weatherization plan.

I also agree to the following provisions:

1. I will NOT increase the rent as a result of the improvements made by the weatherization of the home.
2. I will NOT evict or remove the tenant from the dwelling for a period of one (1) year after the final approved inspection of the property, so as long as he/she complies with all ongoing obligations and responsibilities owed to the landlord.
3. I (Owner) have no intention and knowledge of Federal, State, or Local Programs designation of my home for acquisition or clearance.
4. I have owned this property for _____ years/months and to the best of my knowledge the unit has not been weatherized for a previous tenant.
5. I will allow agency, state, or federal officials to inspect the rental property listed above.
6. I agree to allow my home to be photographed for pre-weatherization and post-weatherization documentation.
7. I will agree to any procedures necessary to insulate the sidewalls.
8. The property legal description or mobile home serial number of the rental property is:

Property Section:	Township:	Range:
Mobile Home Year:	Model:	VIN/SERIAL#:

PROVISIONS FOR LANDLORD/PROPRTY OWNER PERMISSION

I understand to weatherize a dwelling unit which is designated for acquisition or clearance by a Federal, State, or Local Program within 12 months from the date weatherization of the dwelling would be scheduled to be completed is not allowed under Federal Regulations 10 CFR 440.18(f)(1).

Yes No

I furthermore do hereby give permission for the property to be weatherized according to the Department of Energy (DOE) standards and regulations and for the inspection of the home and the work performed by the Agency (_____ Weatherization Program). As part of this service, all units will receive a heating system efficiency inspection. The weatherization services and the heating system efficiency inspection will be performed at no cost to the owner/ landlord or tenant in single unit dwellings. In the case of heating plant repairs, the Agency (_____ Weatherization Program) share will not exceed \$400.00. If the repairs do not exceed \$400.00, the Agency (_____ Weatherization Program) will repair the heating plant. Should the repairs exceed \$400.00 the Agency (_____ Weatherization Program) will contact the owner or authorized agent to have the heating plant replaced. The Agency (_____ Weatherization Program) will contribute \$500.00 toward the required replacement, if installed to meet the Nebraska Energy Weatherization Assistance Program specifications. If deficiencies are found with the water heater, the owner shall repair or replace the water heater. The Weatherization Program may contribute a maximum of \$150.00 if Weatherization Program installation requirements are met. The weatherization of the unit will not commence until such time as the furnace and/or water heater have been made safe and operable. Weatherization work on rental units may be a shared responsibility of the owner/landlord and the Agency (_____ Weatherization Program).

Weatherization materials may include, but are not limited to, the following items: insulation, caulking, glazing, weather stripping, door sweeps, thresholds, primary doors and primary windows, pipe wrap, water heater blankets, venting, minor repairs, and glass replacement. The decisions concerning material type and quantity shall be the responsibility of the Agency providing the service.

SIGNATURES

Sign Here ▶ _____ Date _____
Authorized Owner/Agent

▶ _____ Date _____
Tenant

▶ _____
Authorized Owner/Agent Email

▶ _____ Date _____
Agency Representative



United States Citizenship Attestation Form

**FORM
WX15**

Agency: BVCAP CAPLSC CAPMN CNCS NENCAP NWCAP SENCA

Client Name: _____ Job Number: _____

Address: _____ City: _____ Phone Number: _____

CERTIFICATION OF CITIZENSHIP

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I hereby attest as follows:

I am a citizen of the United States.

— OR —

I am a qualified alien under the federal *Immigration and Nationality Act*. In addition to this Form, I have included a current and legible copy of the front and back of one or more of the available USCIS forms, (listed below), required for verification.

1. I-327 (Reentry Permit)
2. I-551 (Permanent Resident Card)
3. I-571 (Refugee Travel Document)
4. I-766 (Employment Authorization Card)
5. Certificate of Citizenship
6. Naturalization Certificate
7. Machine Readable Immigrant Visa (with Temporary I-551 Language)
8. Temporary I-551 Stamp (**on passport or I-94**)
9. I-94 (Arrival/Departure Record)
10. **Unexpired** Foreign Passport (**must include an I-94**)
11. I-20 (Certificate of Eligibility for Nonimmigrant (F-1) Student Status)
12. DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)

Date of Birth _____ USCIS/Alien No. _____

Document Number _____ (ie. Certificate of Naturalization)

Card Number _____ (ie. Permanent Resident/Employment Authorization Card)

SIGNATURES

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

Print Name First, _____ Middle, _____ Last _____

Sign Here Signature _____ Date _____

This material was prepared with the support of the U.S. Department of Energy (DOE), Low Income Weatherization Assistance Program Grant. However, any opinions findings conclusions or recommendations expressed herein are those of the author and do not necessarily reflect the views of DOE.



Zero Income Verification

Agency: BVCAP CAPLSC CAPMN CNCS NENCAP NWCAP SENCA

Applicant Name: _____ Social Security Number: _____

Address: _____ City: _____ Phone Number: _____

CERTIFICATION OF ZERO INCOME

(1) I HEREBY CERTIFY THAT I DO NOT RECEIVE INCOME FROM ANY OF THE FOLLOWING SOURCES:

- a. Wages and salaries from any type of employment (including commissions and fees)
- b. Income from the operation of a business (self-employment – Avon, Mary Kay, etc.)
- c. Rental income from real or personal property
- d. Interest or dividends from assets
- e. Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits
- f. Unemployment benefits
- g. Net gambling or lottery winnings
- h. Alimony, Maintenance and/or Child Support
- i. Educational Grants and/or scholarships or Veteran Benefits available for subsistence after deducting expenses for tuition, fees, and books
- j. Regular monthly cash contributions from an outside source (ex-husband, father, mother, brother, sister, aunt, uncle, etc.) to assist with monthly debt
- k. **And**, I have no income of any kind whatsoever at this point in time and do not anticipate income from any source within the next twelve (12) consecutive months.

(2) In the past months when you say you have had minimal, or no income, how did you pay for rent, utilities and other necessities? _____

(3) Do you receive any contributions that are not explained above? Yes No

If yes, explain: _____

(4) Did you file a Federal Income Tax report last year? Yes No

SIGNATURES

I hereby certify under penalty of perjury that the information provided above is accurate and complete to the best of my knowledge. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand what information is being requested and the ramifications of my not providing complete and truthful responses.

Print Name First, _____ Last _____

Sign Here Applicant Signature (zero income household member) _____ Date _____

Witness my hand and notarial seal on _____ Date _____

Sign Here Signature of Notary Public _____ Commission Expires _____

(This form must be completed by an individual 18 years or older who resides in the property)

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Mechanical System Inspection/Clean & Tune

Agency:

- BVCAP
- CAPLSC
- CAPMN
- CNCS
- NENCAP
- NWCAP
- SENCA

Inspector Name:	Date:	Job Number:
-----------------	-------	-------------

Client Name & Address:	City:	Phone Number:
------------------------	-------	---------------

Ownership: <input type="checkbox"/> Renter <input type="checkbox"/> Owner	Building Type: <input type="checkbox"/> Frame <input type="checkbox"/> Mobile <input type="checkbox"/> Multifamily	Fuel Type: Heating: _____ Water Heating: _____	Heating System Type: <input type="checkbox"/> Forced Air <input type="checkbox"/> Gravity <input type="checkbox"/> Boiler <input type="checkbox"/> Vented <input type="checkbox"/> Un-vented <input type="checkbox"/> Wall <input type="checkbox"/> Floor <input type="checkbox"/> Heat Pump
Cooling System Type: <input type="checkbox"/> Central Air <input type="checkbox"/> Window <input type="checkbox"/> Heat Pump <input type="checkbox"/> None <input type="checkbox"/> A Coil <input type="checkbox"/> Sloped Coil		Water Heating Type: <input type="checkbox"/> Tank <input type="checkbox"/> Instantaneous <input type="checkbox"/> Heat Pump	

INSPECTION/EVALUATION REQUIREMENTS

Combustion Units Only

- Leakage testing of piping and controls
- Test heat exchanger for cracks and openings
- Inspect venting for pitch, size, blockage, corrosion
- Inspect heat exchanger for excessive corrosion
- Inspect burners and crossovers for blockage
- Determine pilot is burning properly
- Determine main burner ignition is satisfactory
- Test pilot safety devices
- Visually determine gas is burning properly
- If equipped, check main burner at low modulator
- Test for spillage at draft hood

Boilers Only (To be completed by a qualified technician)

- Recorded data plate information
- Correct nozzle sizes
- Fuel pressure readings
- Steady state efficiency (5.3003.2c)

Boilers Only (To be completed by a qualified technician)

- Smoke spot tests
- Net stack temps (5.3003.2e)
- Carbon dioxide and oxygen (5.3003.2f)
- Excess air (5.3003.2g)
- CO (5.3003.2h)
- Technician will provide printout for 5.3003.2c, 5.3003.2e, 5.3003.2f, 5.3003.2g and 5.3003.2h
- Inspect for water or combustion product leaks (if applicable)
- Determine water pumps are operational
- Test low water cutoff, feed control, etc.
- Determine the controls are operational

Furnaces and Console Heaters

- Determine the fan control is operational

All Heating Units (including Electric)

- Check fan and belt condition
- Inspect for exposed wiring and disconnect switch
- Check thermostat operation
- Check filter, filter rack and cover
- Check limit and fan control
- Install sticker (all repairs and Contractor Inspections)

Water Heaters

- Inspect for water or combustion product leaks (if applicable)
- Determine unit has pilot access door & draft hood (if applicable)

Air Conditioners

- Inspect central air conditioner coils inside and out
 - Not accessible
- Inspect wiring
- Inspect pipe insulation

FORCED AIR SYSTEM AIR FLOW EVALUATION – SWS 5.3003.3

Yes	No	N/A	Specification	Notes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	External static pressure	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pressure drop across coiling coils	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pressure drop across filter	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air flow measured at each register	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Supply wet bulb temperature	_____ °
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Supply dry bulb temperature	_____ °
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Return wet bulb temperature	_____ °
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Return dry bulb temperature	_____ °
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Temperature rise between supply & return	Tested _____ ° Mfg. Reqd. _____ °

FORCED AIR SYSTEM ELECTRICAL SERVICE EVALUATION – SWS 5.3003.4

Yes	No	N/A	Specification	Notes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Polarity of equipment tested/corrected	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Voltage/amperage in accordance with mfg. specs	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Voltage drop in accordance with mfg. specs/range	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grounding conforms with NFPA 70 National Electrical Code	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blower amperage will not exceed mfg. full load amperage	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compressor amperage will not exceed mfg. full load amperage	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Blower compartment safety switch operation verified	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heat pump emergency heat circuit function verified	_____

REFRIGERANT LINE EVALUATION – SWS 5.3003.5

Yes	No	N/A	Specification	Notes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulated to a minimum R-4	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If exposed to sunlight, protected from UV degradation	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sized to meet manufacturer specifications	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Installed without kinks, crimps, or excessive bends	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Appropriately routed, supported and secured to prevent damage	_____

CLEAN AND TUNE REQUIREMENTS

All Units

- Lubricate all moving parts
- Clean and vacuum the return air and cabinet and filter rack
- Calibrate and adjust the thermostat, inspect wiring
- Clean or replace filter
- Adjust the conditioned airflow, high limit, fan control, fan on/fan off and temperature rise
- Adjust the belt tension or replace belt (if needed)

- Remove and clean the blower
- Check blower capacitor, fan relay and or contactts
- Clean air conditioner coil Not Accessible

All Units

- Seal thermostat wire penetration in frame homes
- Install sticker (all repairs and Contractor Inspections)

Combustion Units

- Clean flame sensor
- Clean and test heat exchanger – except boilers
- Check and adjust burners
- Clean the exhaust port and draft hood

Electric Units

- Repair or replace damaged wiring
- Test heating elements and sequencers

CARBON MONOXIDE TESTING AND ADJUSTMENT

Test and adjust each chamber for carbon monoxide		
	Pre-cleaning	Post-cleaning
Chamber 1	PPM	PPM
Chamber 2	PPM	PPM
Chamber 3	PPM	PPM
Chamber 4	PPM	PPM

HVAC CLIENT EDUCATION

Yes	No	N/A	Specification
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Basic operation of the equipment has been explained to the client (i.e. efficiency measures, design considerations differences from previous systems)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper operation and programming of the system controls for proper operation has been explained
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Indoor and outdoor shut-offs have been demonstrated
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Location of combustion air inlets have been identified for the client as per NFPA 31, 54 & 58
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Client has been informed of the importance of not blocking combustion air inlets
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Client has been informed of the importance of cleaning dust and debris from return air grilles
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Client has been informed of proper placement of interior furnishings with respect to registers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Client has been informed of the negative consequences of closing registers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Client has been informed of the importance of leaving interior doors open as much as possible
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Client has been informed of the importance of proper filter selection and how to change the filter
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Client has been informed of the importance of keeping the outside units clear of debris, vegetation, decks and other blockages
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Client has been informed of the importance of routine professional equipment maintenance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Client has been informed that there will be no air bypass around the new filter and that the new forced air system will have a minimum MERV 6 filtration
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Client has been informed of situations when a HVAC contractor should be contacted <ul style="list-style-type: none"> ◆ Fuel Odors ◆ Water draining from secondary drain line ◆ Emergency heat indicator always on for a heat pump ◆ System blowing cold air during heating season and vice versa ◆ Icing of evaporator coils during heat pump cooling mode ◆ Heat pump outside unit never defrosts ◆ Unusual noises ◆ Unusual odors
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Client has been informed that carbon monoxide(s) alarm has been installed and the importance of maintenance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Client has been provided with relevant manuals and warranties
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The labor warranty has been explained to the client

SIGNATURES

I certify that the work performed meets the requirements of the Nebraska Weatherization Assistance Program Installation Measures and Work Standards.

Agency or Company Name _____

Sign Here

Signature Heating Technician _____

Date _____



Mechanical System Repair/Replacement Bid

Agency:

- BVCAP
 CAPLSC
 CAPMN
 CNCS
 NENCAP
 NWCAP
 SENCA

Inspector Name:	Date:	Job Number:
Client Name & Address:	City:	Phone Number:

Ownership: <input type="checkbox"/> Renter <input type="checkbox"/> Owner	Building Type: <input type="checkbox"/> Frame <input type="checkbox"/> Mobile <input type="checkbox"/> Multifamily	Fuel Type: Heating: _____ Water Heating: _____	Heating System Type: <input type="checkbox"/> Forced Air <input type="checkbox"/> Gravity <input type="checkbox"/> Boiler <input type="checkbox"/> Vented <input type="checkbox"/> Un-vented <input type="checkbox"/> Wall <input type="checkbox"/> Floor <input type="checkbox"/> Heat Pump
Cooling System Type: <input type="checkbox"/> Central Air <input type="checkbox"/> Window <input type="checkbox"/> Heat Pump <input type="checkbox"/> None <input type="checkbox"/> A Coil <input type="checkbox"/> Sloped Coil		Water Heating Type: <input type="checkbox"/> Tank <input type="checkbox"/> Instantaneous <input type="checkbox"/> Heat Pump	

HEATING/COOLING SYSTEM REPAIRS/REPLACEMENT

INSPECTION AND REPAIR ESTIMATE	QUANTITY	MATERIAL	LABOR
Heating System Replacement Unit		\$	\$
Flue Liner		\$	\$
Repairs Required (List repairs in detail)		\$	\$
.....		\$	\$
.....		\$	\$
Water Heater Replacement Unit		\$	\$
Cooling System Replacement Unit		\$	\$
Mechanical Ventilation		\$	\$
Subtotal Material and Labor		\$	\$
Tax		\$	\$
Total Materials and Labor		\$	\$

INSPECTION AND REPAIR ESTIMATE	QUANTITY	MATERIAL	LABOR
<input type="checkbox"/> 1st Inspection <input type="checkbox"/> 2nd Inspection		\$	\$
Tune and Clean		\$	\$
Repairs Required (List repairs in detail)		\$	\$
.....		\$	\$
.....		\$	\$
Subtotal Material and Labor		\$	\$
Tax		\$	\$
Total Materials and Labor		\$	\$

REPLACEMENT HEATING PLANT - (MUST BE COMPLETED FOR PAYMENT)

Location: <input type="checkbox"/> Non-Weatherized <input type="checkbox"/> Outdoors	BTU/Hr: Input: Output:	How Sized:	AFUE:
Manufacturer:		Model #:	Serial #:

REPLACEMENT AIR CONDITIONING UNIT - (MUST BE COMPLETED FOR PAYMENT)

Manufacturer:	Model #:	Serial #:	SEER Rating:
---------------	----------	-----------	--------------

REPLACEMENT WATER HEATING UNIT - (MUST BE COMPLETED FOR PAYMENT)

Manufacturer:	Model #:	Serial #:	EF Factor:
---------------	----------	-----------	------------

SIGNATURES

I certify that the work performed meets the requirements of the Nebraska Weatherization Assistance Program Installation Measures and Work Standards.

Agency or Company Name _____

Sign Here _____ Date _____
 Signature Heating Technician

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Frame Home Energy Audit Data Collection

**FORM
WX19**

Agency: BVCAP CAPLSC CAPMN CNCS NENCAP NWCAP SENCA

Client Name: _____ Job Number: _____

Client Address: _____ City: _____ Zip Code: _____ Phone Number: _____ Previously Weatherized: _____ / _____ / _____

Auditor Name: _____ Date: _____ County: _____ Year Built: _____ Bedrooms: _____ Dwelling Type: Single Family Duplex Multi-Family <4 Multi-Family >4 Shelter Other _____

No. of Stories: _____ No. of Occupants: _____ Funding Source: DOE LIHEAP Other _____ Type of Occupants: Senior Juvenile Disability _____ Ownership: Owner Renter Other _____

Contact Types:	Name	Type	Relationship	Phone Number	Email
1. Applicant					
2. Landlord/Owner 1					
3. Landlord/Owner 2					
4. Other					

HEALTH AND SAFETY

Pressure Diagnostic Measurements:

Blower Door Reading at 50 Pa:
Pre WX: _____ Initials: _____ Target CFM: _____
Post WX: _____ Initials: _____ Notes: _____

Pressure Differences:
Attic 01 PD: _____ Attic 02 PD: _____ Attic 03 PD: _____ Attic 04 PD: _____
Crawl/Basement 01 PD: _____ Crawl/Basement 02 PD: _____ Crawl/Basement 03 PD: _____
Kneewall 01 PD: _____ Kneewall 02: _____ Kneewall 03 PD: _____ Attached Garage: _____

CAZ Testing Completed:
Verified Yes No
(If no, why): _____

Knob & Tube Wiring Present: Yes No
Location: _____

Lead Safety Testing:
Doors: _____ Windows: _____ Walls: _____
Attic Accesses: _____ NA: _____

Breaker Box Present:
 Yes No
Fuse Sizes: _____

Carbon Monoxide Measurements:

Room with Heating System _____ ppm
Room with Water Heater _____ ppm
Living Area _____ ppm
Kitchen _____ ppm
Other _____ ppm

CO Monitor(s) Needed: Yes No
Location(s): _____

Solid Fuel Burning Units:
Solid Fuel Burning Stove/Fireplace Present Yes No Fuel Type _____
Properly Vented Yes No
Outside Combustion Air Provided Yes No

Additional Health and Safety Comments: _____

EXHAUST FANS AND VENTING

Location	Existing	Operational	Properly Vented	Fan CFM	Measured Fan Flow	Operable Window	Light
Bath 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bath 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bath 3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Kitchen	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dryer			<input type="checkbox"/> Yes <input type="checkbox"/> No				

Building Height _____ FT Addition Height _____ FT

Measured vertical distance between the lowest and highest above-grade points within the pressure envelope. This height should include the above-grade part of a basement if the basement is within the pressure envelope. Do not include an attic if it is not within the pressure envelope.

Additional Exhaust Fan and Venting Comments: _____

EXTERIOR WALLS

Type		Exterior Finish		Wall Square Footage	Exposure	Existing Insulation	
1 Balloon Fr.	4 Conc. Block	1 Wood	4 Brick/Stone	Total gross area of the exterior wall, including windows and doors	1 Outside	1 None	4 Rockwool
2 Platform Fr.	5 Adobe	2 Metal/Vinyl	5 Masonite		2 Buffered	2 Bin Cellulose	5 F.G. Batts
3 Masonry/Stone	6 Other	3 Stucco	6 Other		3 Attic	3 Bin Fiberglass	6 Other

Wall	Wall Type	Stud Size	Exterior Finish	Width x Height	Square Ft.	Orientation	Exposure	Existing Insulation	Existing R-Value
Wall 1				x					
Wall 2				x					
Wall 3				x					
Wall 4				x					
Wall 5				x					
Wall 6				x					
Wall 7				x					
Wall 8				x					
Wall 9				x					
Wall 10				x					
Wall 11				x					
Wall 12				x					
Wall 13				x					
Wall 14				x					
Wall 15				x					
Wall 16				x					
Wall 17				x					
Wall 18				x					

Additional Wall Information:
 Wiring/Electrical Issues Yes No Water Leaks Present Yes No Asbestos Siding Likely Yes No
 Moisture Problems Evident Yes No Lead Based Paint Likely Yes No Other Concerns Yes No If Yes, what Concerns: _____

Additional Wall Inspection Comments: _____

WINDOWS

Type	Slider	Frame Type	Glazing	Int. Shade	Ext. Shade	Leakiness
1 Jalousie	1 Horizontal	1 Wood/Vinyl	1 Single Pane	1 Drapes	1 Low E Film	1 Very Tight
2 Slider	2 Vertical	2 Metal	2 Sngl. P. w/Storm	2 Blinds/Shades	2 Solar Screen	2 Tight
3 Fixed	3 Left-Right	3 Imp. Metal	3 Sngl. P. Bad/ Storm	3 Drapes w/ Shades	3 Awning	3 Medium
4 Door Window	4 Right-Left		4 Double Pane	4 None	4 Carport	4 Loose
5 Door Slider			5 Dbl. P. w/ Low E		5 Porch	5 Very Loose
6 Skylight					6 None	

Window	Wall Number	Type	Slider	Frame Type	Glazing	Interior Shade	Exterior Shade	% of Shade	Leakiness	Width	Height
Window 01											
Window 02											
Window 03											
Window 04											
Window 05											
Window 06											
Window 07											
Window 08											
Window 09											
Window 10											
Window 11											
Window 12											
Window 13											
Window 14											
Window 15											
Window 16											
Window 17											
Window 18											
Window 19											
Window 20											

Additional Window Inspection Comments: _____

DOORS

Type	Storm Door	Number	Swing	Lockset	Air Seal	Threshold	Strike	Hinge
1 H-Core 2 S-Core 3 Insulated Steel 4 Single Sliding Glass 5 Double Sliding Glass	1 Adequate 2 Deteriorated 3 None	Number of doors with the same description on this wall	1 Right Hand 2 Left Hand	1 Deadbolt 2 Knob 3 Combo	1 Jamb Up 2 Q-Lon 3 Sweep 4 V-Seal	1. 3/4" Oak 2. 1" Oak 3. 1" Bumper 4. 1x5/8" Bumper 5. 1/2" Bumper 6. 3/4" Bumper	1 Regular 2 Large	1 Regular 2 NRP

Door	Wall Direction	Door Type	Storm Door	Number	Swing	Lockset/Air Seal	Threshold/Hinge	Strike/Viewer	Width	Height	Thickness
Door 01						/	/	/			
Door 02						/	/	/			
Door 03						/	/	/			
Door 04						/	/	/			

Additional Door Inspection Comments:

ATTICS

Unfinished							Finished						
Attic Type		Joist Space		Type		Material	Area Type		Floor Type		Type		Material
1 Unfloored 2 Floored 3 Cath/Flat		1 16 in. 2 18 in. 3 24 in.		1 Batts 2 Blown 3 Other 4 None		1 Fiberglass 2 Rockwool 3 Cellulose	1 Outer Joist 2 Collar Beam 3 Kneewall 4 Roof Rafter		1 Unfloored 2 Floored		1 Batts 2 Blown 3 Other 4 None		1 Fiberglass 2 Rockwool 3 Cellulose
Attic Code	Attic Type	Joist Space	Area	Type	Material	Depth	Attic Code	Area Type	Floor	Area	Type	Material	Depth
UFA 01							FA 01						
UFA 02							FA 02						
UFA 03							FA 03						
UFA 04							FA 04						
UFA 05							FA 05						
UFA 06							FA 06						
UFA 07							FA 07						

Attic Access								Ventilation			
Attic Code	Dimensions	Material Type	Material Thick.	Insul. Required		WS Required		Exist. NFI		Required NFI	
	X			Yes	No	Yes	No				
	X			Yes	No	Yes	No				
	X			Yes	No	Yes	No				
	X			Yes	No	Yes	No				
	X			Yes	No	Yes	No				
	X			Yes	No	Yes	No				
	X			Yes	No	Yes	No				

Additional Attic Inspection Information/Details:

- | | | | | | |
|-----------------------------|------------------------------|-----------------------------|--------------------------------|------------------------------|-----------------------------|
| Recessed Can Lights Present | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Chimney/Flue Shielding Present | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Wiring/Electrical Issues | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Adequate Ventilation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Existing Baffles | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Any Inaccessible Attics | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Water Leaks Present | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Moisture Problems Evident | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Exhaust Fan Venting Present | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Vermiculite Present | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other Concerns | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | |

Additional Attic Inspection Comments:

FOUNDATIONS

Foundation Type	Foundation Data		Exist Barrier		Floor Area Data		Sill Box Data		Found. Wall Data	
	Code	Type	Yes/No	Cond.	Area (sq.ft.)	Ex. R-Value	Joist Size	Perm. to Insul.	Height (ft.)	
1 Conditioned	Fnd 01				x				Ht. Exp. (%)	
2 Unconditioned	Fnd 02				x				Perim. (ft.)	
3 Vented	Fnd 03				x				Ex. R-Value	
4 Unintentionally Cond.	Fnd 04				x					
5 Uninsulated Slab	Fnd 05				x					
6 Insulated Slab	Fnd 06				x					
7 Exposed Floor										

Additional Foundation Inspection Information/Details:

Wiring/Electrical Issues Yes No Water Leaks Present Yes No
 Moisture Problems Evident Yes No Vapor Barrier Needed Yes No
 Plumbing Leaks Present Yes No Other Concerns Yes No

Additional Foundation Inspection Comments:

HEATING SYSTEM DETAILS

Equipment Type		Fuel Type		Equipment Location			Input Heating Units		Condition							
1 Gravity Furnace	6 Heat Pump	1 Natural Gas	5 Oil	1 Heated Space	2 Uncond. Space	3 Unintentionally Heated	1 No Input	2 kBTU/hr	3 Gals/hr	4 Lbs/hr	5 COM	1 Good	2 Fair	3 Poor (working)	4 Not Working	5 None
2 Forced Air Furnace	7 V-Space Heater	2 Electricity	6 Propane													
3 Fix. Elec. Resistance	8 UnV-Space Heater	3 Wood	7 Coal													
4 Portable Electric	9 V-Wall Furnace	4 Kerosene	8 Other													
5 Hot Water Boiler	10 UnV-Wall Furnace															

System Code	Type	Fuel	% Supply	Location	Sq. Ft.	Watts	Amps	Volts	Efficiency	Yr. Purchased	Manufacturer	Model #
Htng. Syst. 01												
Htng. Syst. 02												
Htng. Syst. 03												
Htng. Syst. 04												

Additional Heating System Inspection Information/Details:

Burner Condition Heating System Good Fair Poor Heating System Good Fair Poor
 Pilot Condition Heating System Good Fair Poor Heating System Good Fair Poor
 Elect. Serv. Switch Condition Heating System Good Fair Poor Heating System Good Fair Poor
 Exist. Smart Thermo. Yes No Gas Furnace Drip Leg Present Yes No
 Exist. Comb. Air Yes No Pilot Light Yes No
 Other Concerns Yes No

Additional Heating System Inspection Comments:

COOLING SYSTEM DETAILS

Equipment Type	Condition
1 Central	1 Good
2 Window	2 Fair
3 Heat Pump	3 Poor (working)
4 Evaporative Cooler	4 Not Working

System Code	AC Type	% Supply	Area Cooled (sq. ft.)	Size (kBTU/hr.)	SEER	Yr. Purchased	Manufacturer	Model Number	Serial Number
AC. Syst. 01									
AC. Syst. 02									
AC. Syst. 03									
AC. Syst. 04									

Additional Cooling System Inspection Comments:

UNINSULATED SUPPLY DUCT DETAILS

Duct Type (Rect./Rnd.)	Length (ft.)	Location	Width (if Rect.)	Height (if Rect.)	Diameter if Rnd. (In.)

Additional Ducting System Inspection Comments:

WATER HEATING SYSTEM DETAILS

Fuel Type	Equipment Location	Input Units	Insulation Type	Shower Heads	
1 Natural Gas	1 Heated Space	1 kBTU	1 Fiberglass	No. of Shower Heads	
2 Electricity	2 Uncond. Space	2 kW	2 Polyurethane	Min/Day	
3 Propane	3 Unintentional Heated			Avg. GPM	

System Code	Fuel Type	Equip. Location	Rated Input	Gallons	Manufacturer	Model Number	Serial Number	Ex. Tank Insulation Type	Ex. Pipe Insulation Type
Wtr. Htr. 01									
Wtr. Htr. 02									

Additional Water Heating System Information/Details:

Water Heater Condition Wtr. Htr. 01 Good Fair Poor Wtr. Htr. 02 Good Fair Poor
 Burner Condition Wtr. Htr. 01 Good Fair Poor Wtr. Htr. 02 Good Fair Poor
 Leaking Problems Evident Yes No Drip Leg Present Yes No
 Pipe Insulation Required Yes No Other Concerns Yes No

Additional Water Heating System Inspection Comments:

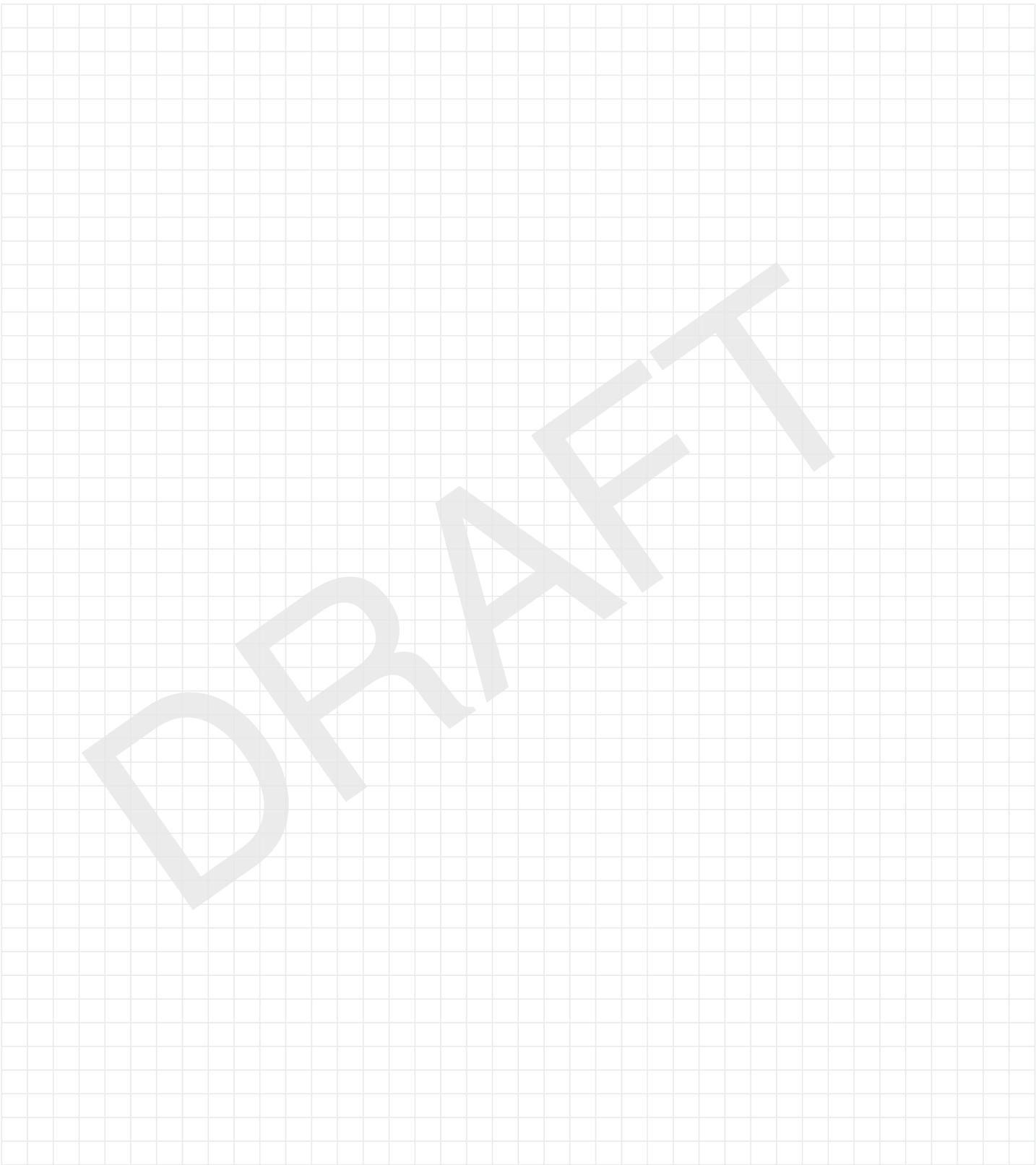
LIGHTING SYSTEM DETAILS

Room	Location	Lamp Type
1 Family	1 Ceiling 4 Wall	1 Standard
2 Kitchen	2 Floor 5 Closet	2 Floor
3 Living	3 Table 6 Other	3 Other
4 Rec	8 Utility	

Light Code	Room	Location	Lamp Type	Quantity	Size (watts)	Usage (hr/day)	Comments
LT01							
LT02							
LT03							
LT04							
LT05							
LT06							
LT07							
LT08							
LT09							
LT10							

Additional Lighting System Inspection Comments:

SITE DIAGRAM



Continued on Page 7

WALL ELEVATIONS

Front: Facing _____

Rear: Facing _____

Left: Facing _____

Right: Facing _____



Mobile Home Energy Audit Data Collection

Agency: BVCAP CAPLSC CAPMN CNCS NENCAP NWCAP SENCA

Client Name: _____ Job Number: _____

Client Address: _____ City: _____ Zip Code: _____ Phone Number: _____

Auditor Name: _____ Audit Date: _____ County: _____ Year Built: _____ Previously Weatherized: _____ / _____ / _____

Number of Occupants: _____ Funding Source: DOE LIHEAP Other _____ Type of Occupants: Senior Juvenile Juvenile _____ Ownership: Owner Renter Other _____

Contact Types:	Name	Type	Relationship	Phone Number	Email
1 Applicant					
2 Landlord/Owner 1					
3 Landlord/Owner 2					
4 Other					

HEALTH AND SAFETY

Pressure Diagnostic Measurements:

Blower Door Reading at 50 Pa:
 Pre WX: _____ Initials: _____ Target CFM: _____
 Post WX: _____ Initials: _____ Notes: _____

CAZ Testing Completed:
 Verified Yes No
 (If no, why): _____

Aluminum Wiring Present:
 Yes No
 Location: _____

Carbon Monoxide Measurements:

Room with Heating System _____ ppm
 Room with Water Heater _____ ppm
 Living Area _____ ppm
 Kitchen _____ ppm
 Other _____ ppm

CO Monitor(s) Needed: Yes No
 Location(s): _____

Solid Fuel Burning Units:
 Solid Fuel Burning Stove/Fireplace Present Yes No Fuel Type _____
 Properly Vented Yes No
 Outside Combustion Air Provided Yes No

Additional Health and Safety Comments: _____

EXHAUST FANS AND VENTING

Location	Existing	Operational	Properly Vented	Fan CFM	Measured Fan Flow	Operable Window	Light
Bath 1	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bath 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bath 3	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Kitchen	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dryer			<input type="checkbox"/> Yes <input type="checkbox"/> No				

Building Height _____ FT Addition Height _____ FT
 Measured vertical distance between the lowest and highest above-grade points within the pressure envelope. This height should include the above-grade part of a basement if the basement is within the pressure envelope. Do not include an attic if it is not within the pressure envelope.

Additional Exhaust Fan and Venting Comments: _____

SHELL INFORMATION

Shielding	Leakiness	Long Wall Orientation	Shell Size	Stud Size	Wall Ventilation	Insulation Type/Thickness	Outdoor WHCloset
Well	Tight	North/South	Width	2x2 2x4	Vented	Batt/Blanket	Yes No
Normal	Medium	East/West	Length	2x3 2x6	Not Vented	Loose Fill	
Exposed	Loose					Foam Core	

SHELL INFORMATION (CONT.)

Additional Wall Information:

Wiring/Electrical Issues Yes No Water Leaks Present Yes No Other Concerns Yes No
 Moisture Problems Evident Yes No Lead Based Paint Likely Yes No If Yes, what Concerns: _____

Additional Wall Inspection Comments:

WINDOWS						
Type	Slider	Frame Type	Glazing	Int. Shade	Ext. Shade	Leakiness
1 Jalousie 2 Slider 3 Fixed 4 Door Window 5 Door Slider 6 Skylight	1 Horizontal 2 Vertical 3 Left-Right 4 Right-Left	1 Wood/Vinyl 2 Metal 3 Imp. Metal	1 Single Pane 2 Sngl. P. w/Storm 3 Sngl. P. Bad/ Storm 4 Double Pane 5 Dbl. P. w/ Low E	1 Drapes 2 Blinds/Shades 3 Drapes w/ Shades 4 None	1 Low E Film 2 Solar Screen 3 Awning 4 Carport 5 Porch 6 None	1 Very Tight 2 Tight 3 Medium 4 Loose 5 Very Loose

Window	Wall Direction				Type	Slider	Frame	Glazing	Interior Shade	Exterior Shade	% of Shade	Leakiness	Width	Height
	N	S	E	W										
Window 01														
Window 02														
Window 03														
Window 04														
Window 05														
Window 06														
Window 07														
Window 08														
Window 09														
Window 10														
Window 11														
Window 12														
Window 13														
Window 14														
Window 15														
Window 16														

Additional Window Inspection Comments:

DOORS								
Type	Storm Door	Number	Swing	Lockset	Air Seal	Threshold	Strike	Hinge
1 H-Core 2 S-Core 3 Insulated Steel 4 Standard Mobile Home Door 5 Single Sliding Glass 6 Double Sliding Glass	1 Adequate 2 Deteriorated 3 None	Number of doors with the same description on this wall	1 Right Hand 2 Left Hand	1 Deadbolt 2 Knob 3 Combo	1 Jamb Up 2 Q-Lon 3 Sweep 4 V-Seal	1. 3/4" Oak 2. 1" Oak 3. 1" Bumper 4. 1x5/8" Bumper 5. 1/2" Bumper 6. 3/4" Bumper	1 Regular 2 Large	1 Regular 2 NRP

Door	Wall Direction	Door Type	Storm Door	Number	Swing	Lockset/Air Seal	Threshold/Hinge	Strike/Viewer	Width	Height	Thickness
Door 01						/	/	/			
Door 02						/	/	/			
Door 03						/	/	/			
Door 04						/	/	/			

Additional Door Inspection Comments:

CEILING

Roof Type	Roof Color	Existing Insulation	Height at Center
Bowstring Flat Pitched	Reflective Shaded Normal	Batts/Blanket _____ in. Loose Fill _____ in. Foam Core _____ in.	Cathedral %

Additional Ceiling Inspection Information/Details:

Recessed Can Lights Present	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chimney/Flue Shielding Present	<input type="checkbox"/> Yes <input type="checkbox"/> No
Wiring/Electrical Issues	<input type="checkbox"/> Yes <input type="checkbox"/> No	Water Leaks Present	<input type="checkbox"/> Yes <input type="checkbox"/> No
Moisture Problems Evident	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Concerns	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Ceiling Inspection Comments:

FLOORS

Floor Joist Direction		Is there a Skirt?		Floor Wing Description		Batt Insulation Location
Lengthwise	Widthwise	Yes	No	Joist Size (in)		
				Loose Insul (in)		
				Location		
Belly Configuration		Belly Condition		Floor Belly Center Description		1 Attached to Flooring 2 Between Joist 3 Attached Under Joist 4 Draped Below Joist 5 None
Square		Good		Joist Size (in)		
Rounded		Average		Loose Insul (in)		
Flat		Poor		Location		

Additional Floor Inspection Information/Details:

Wiring/Electrical Issues	<input type="checkbox"/> Yes <input type="checkbox"/> No	Water Leaks Present	<input type="checkbox"/> Yes <input type="checkbox"/> No
Moisture Problems Evident	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vapor Barrier Needed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Plumbing Leaks Present	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Concerns	<input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Floor Inspection Comments:

MOBILE HOME ADDITION INFORMATION

Wall Configuration	Long Wall Orientation	Stud Size		Wall Ventilation	Insulation Type/Thickness	Addition Interior Wall	
Maximum Wall Height at Interior Wall	North/South	2x2	2x4	Vented	Batt/Blanket	Maximum Height	
Maximum Wall Height at Room Center	East/West	2x3	2x6	Not Vented	Loose Fill	Minimum Height	
All Addition The Same Height					Foam Core		

Additional Mobile Home Addition Information/Details:

Wiring/Electrical Issues	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lead Base Paint Likely	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Leaks Present	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Concerns	<input type="checkbox"/> Yes <input type="checkbox"/> No
Moisture Problems Evident	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Additional Mobile Home Addition Comments:

MOBILE HOME ADDITION WINDOWS

Type	Slider	Frame Type	Glazing	Interior Shade	Exterior Shade	Leakiness	Number of Same
1 Jalousie 2 Slider 3 Fixed 4 Door Window 5 Door Slider 6 Skylight	1 Horizontal 2 Vertical 3 Left-Right 4 Right-Left	1 Wood/Vinyl 2 Metal 3 Imp. Metal	1 Single Pane 2 Sngl. P. w/Storm 3 Sngl. P. Bad/ Storm 4 Double Pane 5 Dbl. P. w/ Low E	1 Drapes 2 Blinds/Shades 3 Drapes w/ Shades 4 None	1 Low E Film 2 Solar Screen 3 Awning 4 Carport 5 Porch 6 None	1 Very Tight 2 Tight 3 Medium 4 Loose 5 Very Loose	Number of windows with the same description on this wall

Window	Wall Direction	Type	Slider	Frame	Glazing	Interior Shade	Exterior Shade	% Shade	Leakiness	Number of Same	Width	Height
Window 01												
Window 02												
Window 03												
Window 04												

Additional Window Inspection Comments:

MOBILE HOME ADDITION DOORS

Type	Storm Door	Number	Swing	Lockset	Air Seal	Threshold	Strike	Hinge
1 H-Core 2 NRP 2 S-Core 3 Insulated Steel 4 Sing. Sliding Glass 5 Double Sliding Glass	1 Adequate 2 Deteriorated 3 None	Number of windows with the same description on this wall	1 Right Hand 2 Left Hand	1 Deadbolt 2 Knob 3 Combo	1 Jamb Up 2 Q-Lon 3 Sweep 4 V-Seal	1 ¾ Oak 2 1 Oak 3 1 Bumper 4 1x5/8 Bumper 5 ½ Bumper 6 ¾ Bumper	1 Regular 2 Large	1 Regular 2 NRP

Door	Wall Direction	Door Type	Storm Door	Number	Swing	Lockset/Air Seal	Threshold/Hinge	Strike/Viewer	Width	Height	Thickness
Door 01						/	/	/			
Door 02						/	/	/			
Door 03						/	/	/			
Door 04						/	/	/			

Additional Door Inspection Comments:

MOBILE HOME ADDITION CEILING

Joist Size	Roof Color	Existing Insulation	Insulation Depth
	<input type="checkbox"/> Reflective <input type="checkbox"/> Shaded <input type="checkbox"/> Normal	<input type="checkbox"/> Batts/Blanket <input type="checkbox"/> Loose Fill <input type="checkbox"/> Foam Core	

Additional Ceiling Inspection Information/Details:

- Recessed Can Lights Present Yes No
 Wiring/Electrical Issues Yes No
 Moisture Problems Evident Yes No
 Chimney/Flue Shielding Present Yes No
 Water Leaks Present Yes No
 Other Concerns Yes No

Additional Ceiling Inspection Comments:

MOBILE HOME ADDITION FLOOR

Floor Type	Floor Length	Joist Size	Addition Floor Batt	Existing Insulation
<input type="checkbox"/> Craw Space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> Exposed Floor			1 Attached to Floor 2 Between Joists 3 Attach Under Joist 4 None	Type Depth (in) 1 Batt/Blanket 2 Loose Fill 3 Foam Core

Additional Floor Inspection Information/Details:

- Wiring/Electrical Issues Yes No
 Moisture Problems Evident Yes No
 Plumbing Leaks Present Yes No
 Water Leaks Present Yes No
 Vapor Barrier Needed Yes No
 Other Concerns Yes No

Additional Floor Inspection Comments:

HEATING SYSTEM DETAILS

Equipment Type	Fuel Type	Equipment Location	Input Heating Units	Condition	
1 Gravity Furnace 2 Forced Air Furnace 3 Fix. Elec. Resistance 4 Portable Electric 5 Hot Water Boiler	6 Heat Pump 7 V-Space Heater 8 UnV-Space Heater 9 V-Wall Furnace 10 UnV-Wall Furnace	1 Natural Gas 2 Electricity 3 Wood 4 Kerosene	5 Oil 6 Propane 7 Coal 8 Other	1 Heated Space 2 Uncond. Space 3 Unintentionally Heated	1 No Input 2 kBTU/hr 3 Gals/hr 4 Lbs/hr 5 COM

System Code	Type	Fuel	% Supply	Loc.	Sq. Ft.	Watts	Amps	Volts	Efficiency	Yr. Purch.	Manufacturer	Model No.
Htng. Syst. 01												
Htng. Syst. 02												
Htng. Syst. 03												

Additional Heating System Inspection Information/Details:

- Burner Condition Heating System _____ Good Fair Poor Heating System _____ Good Fair Poor
 Pilot Condition Heating System _____ Good Fair Poor Heating System _____ Good Fair Poor
 Elect. Serv. Switch Condition Heating System _____ Good Fair Poor Heating System _____ Good Fair Poor
 Exist. Smart Thermo. Yes No Gas Furnace Drip Leg Present Yes No
 Exist. Comb. Air Yes No Pilot Light Yes No
 Other Concerns Yes No

Additional Heating System Inspection Comments:

COOLING SYSTEM DETAILS

Equipment Type				Condition			
1 Central Air	2 Window Air	3 Heat Pump	4 Evaporative Cooler	1 Good	2 Fair	3 Poor (working)	4 Not Working

System Code	AC Type	% Supply	Area Cooled (sq. ft.)	Size (kBTU/hr.)	SEER	Yr. Purch.	Manufacturer	Model Number	Serial Number
AC. Syst. 01									
AC. Syst. 02									
AC. Syst. 03									
AC. Syst. 04									

Additional Cooling System Inspection Comments:

PRESSURE PAN TESTING

Duct Pressure Pan Measurements With Home at -50 Pascals				Duct Pressure Pan Measurements Without Blower Door Operating			
Duct No.	Duct Location/Description	Pre-sealing	Post-sealing	Duct No.	Duct Location/Description	Pre-sealing	Post-sealing
1				1			
2				2			
3				3			
4				4			
5				5			
6				6			
7				7			
8				8			
9				9			
10				10			
11				11			
12				12			

Supply PA	Before Duct Sealing	After Duct Sealing	Average

Measure with pressure pan and air handler on, average the pressure of the registers closest to and farthest from the air handler.

Additional Pressure Pan Testing Comments:

WATER HEATING SYSTEM DETAILS

Fuel Type	Equipment Location	Input Units	Insulation Type	Shower Heads	
1 Natural Gas 2 Electricity 3 Propane	1 Heated Space 2 Uncond. Space 3 Unintentional Heated	1 kBtu 2 kW	1 Fiberglass 2 Polyurethane	No. of Shower Heads	
				Min/Day	
				Avg. GPM	

System Code	Fuel Type	Equip. Location	Rated Input	Gallons	Manufacturer	Model Number	Serial Number	Ex. Tank Insulation Type	Ex. Pipe Insulation Type
Wtr. Htr. 01									
Wtr. Htr. 02									

Additional Water Heating System Information/Details:

Verified the Existing Unit is Approved for Use in Mobile Homes Yes No
 Water Heater Condition Wtr. Htr. 01 Good Fair Poor Wtr. Htr. 02 Good Fair Poor
 Burner Condition Wtr. Htr. 01 Good Fair Poor Wtr. Htr. 02 Good Fair Poor
 Leaking Problems Evident Yes No Drip Leg Present Yes No
 Pipe Insulation Required Yes No Other Concerns Yes No

Additional Water Heating System Inspection Comments:

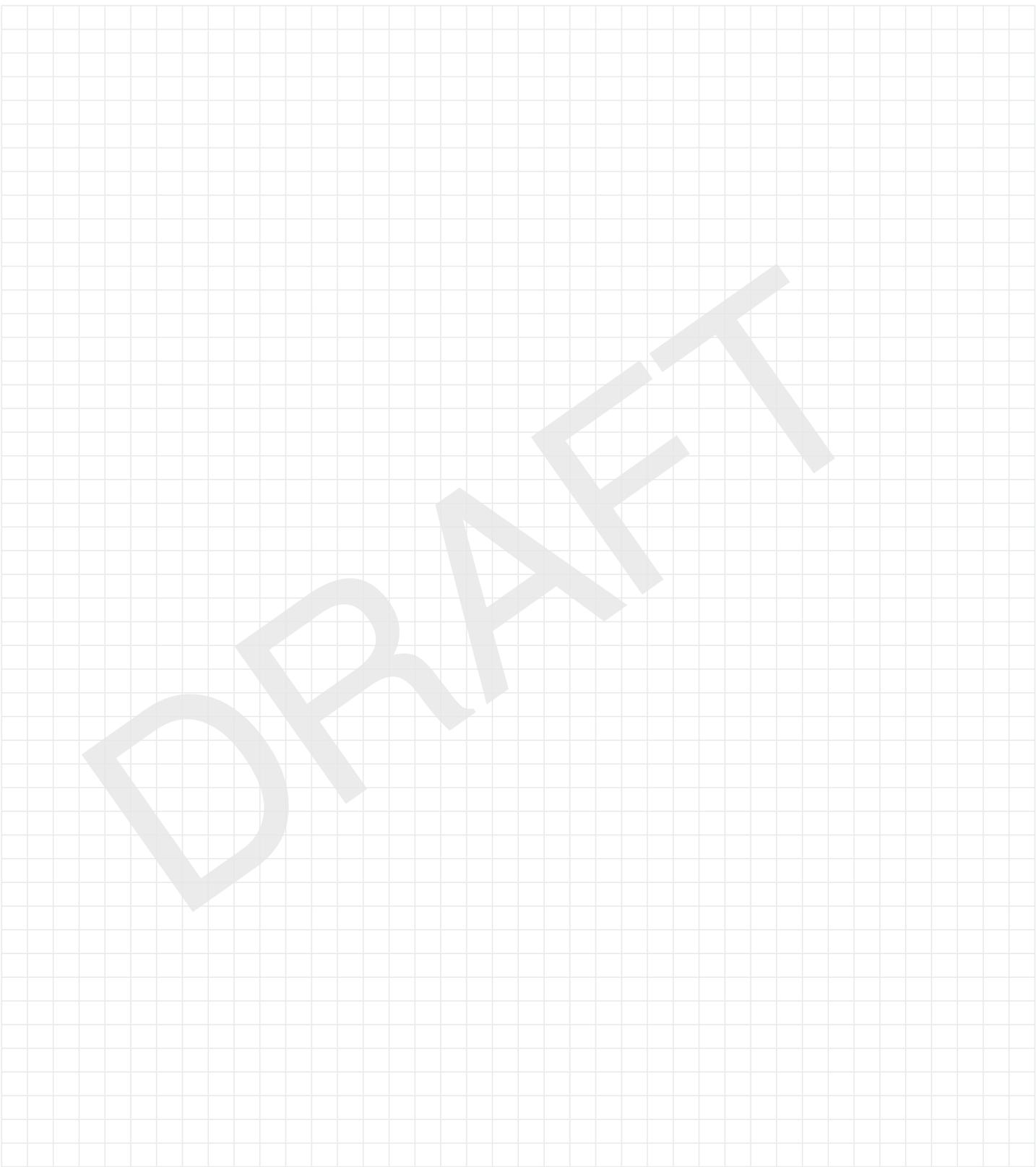
LIGHTING SYSTEM DETAILS

Room		Location		Lamp Type
1 Family	5 Dining	1 Ceiling	4 Wall	1 Standard
2 Kitchen	6 Bedroom	2 Floor	5 Closet	2 Floor
3 Living	7 Bathroom	3 Table	6 Other	3 Other
4 Rec	8 Utility			

Light Code	Room	Location	Lamp Type	Quantity	Size (watts)	Usage (hr/day)	Comments
LT01							
LT02							
LT03							
LT04							
LT05							
LT06							
LT07							
LT08							
LT09							
LT10							

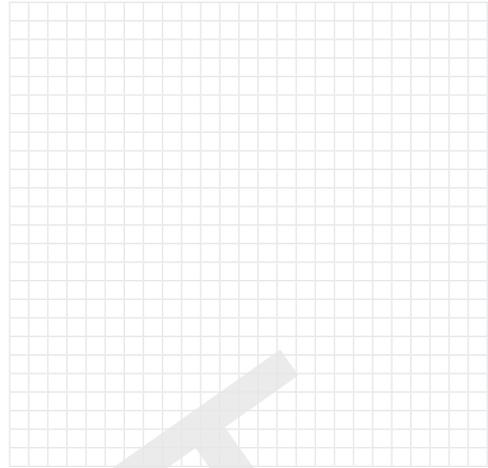
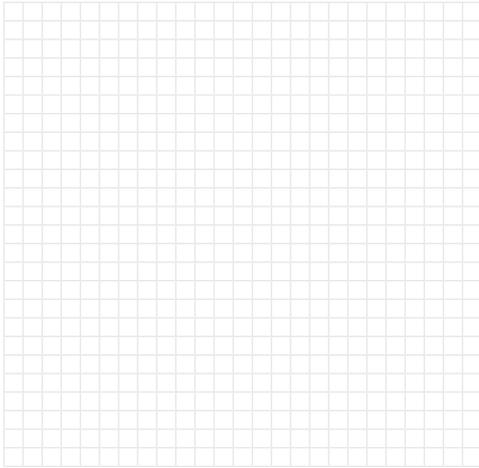
Additional Lighting System Inspection Comments:

SITE DIAGRAM



Continued on Page 8

WALL ELEVATIONS



Front: Facing _____

Rear: Facing _____



Left: Facing _____



Right: Facing _____



Mobile Home Energy Audit Data Collection

**FORM
WX22**

Agency: BVCAP CAPLSC CAPMN CNCS NENCAP NWCAP SENCAP

Auditor Name: _____ Date: _____ Job Number: _____

Client Name & Address: _____ City: _____ County: _____ Phone Number: _____

Ownership: Renter Owner

Building Type: Frame Mobile Multifamily

Fuel Type: Heating: _____ Water Heating: _____

Heating System Type: Forced Air Gravity Boiler Vented Un-vented Wall Floor Heat Pump

Cooling System Type: Central Air Window Heat Pump None A Coil Sloped Coil

Water Heating Type: Tank Instantaneous Heat Pump

HEATING/COOLING SYSTEM REPAIRS/REPLACEMENT



REPLACEMENT HEATING PLANT - (MUST BE COMPLETED FOR PAYMENT)

Location: Non-Weatherized Outdoors

BTU/Hr: Input: _____ Output: _____

How Sized: _____ AFUE: _____

Manufacturer: _____ Model #: _____ Serial #: _____

REPLACEMENT AIR CONDITIONING UNIT - (MUST BE COMPLETED FOR PAYMENT)

Manufacturer: _____ Model #: _____ Serial #: _____ SEER Rating: _____

SIGNATURES

I certify that the work performed meets the requirements of the Nebraska Weatherization Assistance Program Installation Measures and Work Standards.

Agency or Company Name _____

Sign Here _____ Signature Heating Technician

_____ Date

This material was prepared with the support of the U.S. Department of Energy (DOE), Low Income Weatherization Assistance Program Grant. However, any opinions findings conclusions or recommendations expressed herein are those of the author and do not necessarily reflect the views of DOE.