

## Weatherization Program Audit Form

AGENCY		<input type="checkbox"/> STX <input type="checkbox"/> Standard DOE <input type="checkbox"/> CEOWX <input type="checkbox"/> LEAP		Job #	
Auditor:	Date:	Audit Hrs.	Wx Start date	Wx Crew	
Fx Tech:	Date:	Furn Hrs.	Wx End date		
Directions:					
<b>SECTION 1: Walk-up Assessment</b>					
<b>Roof:</b> <input type="checkbox"/> Good <input type="checkbox"/> Poor <b>Chimney:</b> <input type="checkbox"/> Good <input type="checkbox"/> Poor <b>Vent Caps:</b> <input type="checkbox"/> Good <input type="checkbox"/> Poor <b>Doors/Windows:</b> <input type="checkbox"/> Good <input type="checkbox"/> Poor <b>General Exterior:</b> <input type="checkbox"/> Good <input type="checkbox"/> Poor					
Comments:					
<b>SECTION 2: Client Info &amp; Education</b> <input type="checkbox"/> Owner <input type="checkbox"/> Renter <input type="checkbox"/> LEAP <input type="checkbox"/> Elderly <input type="checkbox"/> Disabled <input type="checkbox"/> Single w/ Children					
Name:					
Address:			Phone #:		
Client Comfort or Health Issues: <input type="checkbox"/> Yes <input type="checkbox"/> No    (if yes, address in comment section below) <input type="checkbox"/> Mold Inspection Form <input type="checkbox"/> Client Education Booklet reviewed/ given <input type="checkbox"/> EPA RRP Pamphlet					
<b>SECTION 3: Utility Information</b> Fuel Type: <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Other					
Gas Provider:	Account #	Therm usage/year	6-mo.	or	1-mo. bill
Electric Provider:	Account #	Kwh usage/ year	6-mo.	Or	1-mo. bill
<b>SECTION 4: Dwelling Evaluation</b> <input type="checkbox"/> Pre-1978					
<input type="checkbox"/> Site <input type="checkbox"/> Mobile <input type="checkbox"/> Other _____      Age/Year built _____ <input type="checkbox"/> Ranch <input type="checkbox"/> 1+story <input type="checkbox"/> Other _____ <input type="checkbox"/> Basement <input type="checkbox"/> Crawl Space <input type="checkbox"/> Slab <input type="checkbox"/> Other					
Comments:					

# Weatherization Program Audit Form

<b>SECTION 4: Dwelling Evaluation (continued)</b>																									
<b>Hazard Assessment:</b> <input type="checkbox"/> Indoor Air Quality <input type="checkbox"/> Suspected Asbestos <input type="checkbox"/> Structural Issues <input type="checkbox"/> Vicious Animals <input type="checkbox"/> Structural Concerns <input type="checkbox"/> Stairs/Walkways Work should be <input type="checkbox"/> Deferred (see Comments >) <input type="checkbox"/> Notify Manager/Supervisor <input type="checkbox"/> Owner notified by mail on _____ or by phone on _____ <input type="checkbox"/> Has Smoke/CO Detectors <input type="checkbox"/> Needs Smoke # _____ Needs C.O. # _____	Comments / Materials																								
<b>Moisture Assessment:</b> Gutters: <input type="checkbox"/> Good <input type="checkbox"/> Poor Drainage: <input type="checkbox"/> Good <input type="checkbox"/> Poor    Dryer: <input type="checkbox"/> Gas <input type="checkbox"/> Elec. <input type="checkbox"/> Needs Venting (see comments >) <input type="checkbox"/> Vented <input type="checkbox"/> Crawl space moisture <input type="checkbox"/> Needs Vapor Barrier (see comments >) <input type="checkbox"/> Air Quality issues	Comments / Materials																								
<b>Electrical Assessment</b> Wiring Type: <input type="checkbox"/> Copper <input type="checkbox"/> Aluminum <input type="checkbox"/> Knob & Tube <i>Condition Appears</i> <input type="checkbox"/> Good <input type="checkbox"/> Poor <i>Has</i> <input type="checkbox"/> Breakers <i>Has</i> <input type="checkbox"/> Fuses <i>Has</i> <input type="checkbox"/> GFCI Open J-boxes <input type="checkbox"/> _____ #    Open Splices <input type="checkbox"/> _____ # Need an Electrician? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments / Materials																								
<b>Gas Leak Detection:</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 25%;">Inspect Lines For Leaks</th> <th style="width: 20%;">Audit</th> <th style="width: 20%;">Final</th> <th style="width: 35%;">Notes</th> </tr> </thead> <tbody> <tr> <td>Heating System 1</td> <td>Pass____ Fail ____</td> <td>Pass____ Fail ____</td> <td></td> </tr> <tr> <td>Heating System 2</td> <td>Pass____ Fail ____</td> <td>Pass____ Fail ____</td> <td></td> </tr> <tr> <td>DWH</td> <td>Pass____ Fail ____</td> <td>Pass____ Fail ____</td> <td></td> </tr> <tr> <td>Oven</td> <td>Pass____ Fail ____</td> <td>Pass____ Fail ____</td> <td></td> </tr> <tr> <td>Other</td> <td>Pass____ Fail ____</td> <td>Pass____ Fail ____</td> <td></td> </tr> </tbody> </table>		Inspect Lines For Leaks	Audit	Final	Notes	Heating System 1	Pass____ Fail ____	Pass____ Fail ____		Heating System 2	Pass____ Fail ____	Pass____ Fail ____		DWH	Pass____ Fail ____	Pass____ Fail ____		Oven	Pass____ Fail ____	Pass____ Fail ____		Other	Pass____ Fail ____	Pass____ Fail ____	
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Comments:																									

## Weatherization Program Audit Form

<b>SECTION 5: Heating System</b>						
<b>Primary Heating system</b> <input type="checkbox"/> Forced Air <input type="checkbox"/> Boiler/Steam <input type="checkbox"/> Baseboard/Radiant <input type="checkbox"/> Space / Gravity <input type="checkbox"/> Wood <input type="checkbox"/> Other	<b>Fuel</b> <input type="checkbox"/> Nat. gas <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Wood <input type="checkbox"/> Other	<b>BTU Input</b>	<b>BTU Output</b>	<input type="checkbox"/> Pilot-light on in Summer (subtract 5% off efficiency)	<input type="checkbox"/> Draft-hood In heated space (subtract additional 5% off efficiency)	<b>Calculated Efficiency</b>
<input type="checkbox"/> Combustion Analyzer Data (enter data from analyzer or attach print out here) <b>H&amp;S Replacement</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Efficiency Replacement</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> Other		<input type="checkbox"/> Manual J <input type="checkbox"/> WA App Manual J <input type="checkbox"/> Other <b>NEAT SIR</b> _____ <b>Furnace Size</b> _____ /kbtu <b>Ordered by</b> _____ <b>Date</b> _____				
<b>Secondary Heating system</b> <input type="checkbox"/> Forced Air <input type="checkbox"/> Boiler/Steam <input type="checkbox"/> Baseboard/Radiant <input type="checkbox"/> Space / Gravity <input type="checkbox"/> Wood <input type="checkbox"/> Other <input type="checkbox"/> N/A	<b>Fuel</b> <input type="checkbox"/> Nat. gas <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Wood <input type="checkbox"/> Other	<input type="checkbox"/> Owner <input type="checkbox"/> Renter <input type="checkbox"/> L.L <b>Contribution \$</b> _____ L.L Qualifies no contribution required: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> LEAP <input type="checkbox"/> CIP Contribution \$ _____ <input type="checkbox"/> Utility Rebate \$ _____			Unvented heater <input type="checkbox"/> Yes <input type="checkbox"/> No Client will <b>NOT</b> allow removal <input type="checkbox"/> <hr/> Existing Duct Insulation <input type="checkbox"/> Yes <input type="checkbox"/> No Duct insulation needed <input type="checkbox"/> Yes <input type="checkbox"/> No Diameter _____ Lnft _____ Strap existing ducts needed <input type="checkbox"/> Yes <input type="checkbox"/> No Sealing needed 10' from return <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Comments:</b>						
<b>SECTION 6: Water Heater</b>						
<b>DHW System Size:</b> <input type="checkbox"/> 40 gal. tank <input type="checkbox"/> 50 gal. tank <input type="checkbox"/> Other kBtu/In _____ kBtu/out _____ <input type="checkbox"/> Electric Est. Efficiency _____ % Water Temperature _____ Location: <input type="checkbox"/> Outdoors <input type="checkbox"/> Indoors Insulation type & thickness: Mobile Home Tank Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Leaking tank: <input type="checkbox"/> Pass <input type="checkbox"/> Fail				<b>Replace Water Heater:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> H&S <input type="checkbox"/> Effcy <input type="checkbox"/> Owner <input type="checkbox"/> Renter <input type="checkbox"/> L L Contribution \$ _____ <input type="checkbox"/> Utility Rebate \$ _____ <b>NEAT SIR</b> _____		
<b>Comments/ Material needs:</b>						
<b>SECTION 7: OVEN/ RANGE BURNERS</b>						
Gas line leak: <input type="checkbox"/> Yes <input type="checkbox"/> No Flex pre 1973: <input type="checkbox"/> Yes <input type="checkbox"/> No Burners Irregular flame pattern or discoloration : <input type="checkbox"/> Yes <input type="checkbox"/> No Clean and Tune Needed <input type="checkbox"/> Yes <input type="checkbox"/> No				<b>Comments:</b>		

# Weatherization Program Audit Form

## CAZ Worst Case Depressurization

1. Place all combustion appliances located within the CAZ in their standby mode and prepare for operation.
2. Fires in woodstoves and/or fireplaces must be fully extinguished. Close fireplace dampers and any fireplace doors.
3. Close all building exterior doors and windows. Close all CAZ doors. Close the interior doors of all rooms except for rooms with an exhaust fan and rooms with a central forced air system return.
4. Using a manometer, measure the baseline pressure in the CAZ with reference to (WRT) outside. Compare this measurement with subsequent pressure measurements to determine the greatest negative pressure achievable in the CAZ.
5. Turn on the following exhaust equipment: clothes dryers, range hoods, and other exhaust fans.
6. Turn on any central forced air system blowers and measure and record the pressure in the CAZ WRT outside.
  - If the pressure in the CAZ becomes more negative WRT outside after the blower is turned on, leave the blower ON during combustion appliance safety inspection.
  - If the pressure in the CAZ becomes more positive WRT outside after the blower is turned on, leave the central forced air system blowers OFF during the combustion appliance safety inspection.
7. Open interior door/s directly leading to the CAZ. Measure and record the pressure in the CAZ WRT outside.
  - If the pressure in the CAZ becomes more negative WRT outside after the door(s) are opened, leave the door(s) open during the combustion appliance safety inspection.

## Worst Case Depressurization

	<u>Initial Audit</u>	<u>Day 1</u>	<u>Day 2</u>	<u>Day 3</u>	<u>Day 4</u>	<u>Final</u>	<u>Notes</u>
CAZ 1							
CAZ 2							

## Spillage at Worst Case Depressurization

(Two Minutes for warm vent (DWH). Five minutes for Cold vent ) ★

Appliance Tested	Audit	Day 1 WX	Day 2 WX	Day 3 WX	Day 4 WX	Final Inspection
DWH	Pass / Fail	Pass / Fail	Pass / Fail	Pass / Fail	Pass / Fail	Pass / Fail
Furnace/ Boiler	Pass / Fail	Pass / Fail	Pass / Fail	Pass / Fail	Pass / Fail	Pass / Fail
	Pass / Fail	Pass / Fail	Pass / Fail	Pass / Fail	Pass / Fail	Pass / Fail

Notes :

★ If appliance fails spillage at worst case depressurization test at natural condition

## Spillage at Natural Condition

## Ambient CO

Appliance Tested		Notes	35 PPM Maximum Allowable	
DWH	Pass/Fail		Audit	Final Inspection
Furnace/ Boiler	Pass/Fail			
	Pass/Fail			

## Undiluted CO

200ppm Maximum

Appliance	Audit	Final		General Notes
DWH				
Furnace/Boiler				
Oven 225ppm max				

Date Approved:  
Approved by: CEO Wx Staff

CEO Wx Audit Form

## Weatherization Program Audit Form

SECTION 8: Refrigerator Replacement (CFL's & Shower heads)				
Existing Make	Model #	Serial #	<input type="checkbox"/> Metered	Meter Reading
2 <sup>nd</sup> Appliance			<input type="checkbox"/> NEAT Database	db Usage
			<input type="checkbox"/> Kouba-Cavallo	
Has Grounded Outlet <input type="checkbox"/> Pass <input type="checkbox"/> Fail      Pick up 2 <sup>nd</sup> appliance <input type="checkbox"/> <input type="checkbox"/> Replacement Procedure Form Attached <input type="checkbox"/> TERMS and CONDITIONS FORM Attached <input type="checkbox"/> Landlord agrees to replacement <input type="checkbox"/> Client understands their responsibilities for participating in program?				
Eligible for Replacement <input type="checkbox"/> Yes <input type="checkbox"/> No				
Opening Size:	<input type="checkbox"/> Order with Ice Maker  <input type="checkbox"/> Order with Bottom Freezer  <input type="checkbox"/> Order with Top Freezer	Order Hinge Side on:	Ordered by:	Date:
Width: _____		<input type="checkbox"/> Right <input type="checkbox"/> Left	Cost  \$ _____	SIR
Height: _____		Cubic Foot Size		
Depth: _____		<input type="checkbox"/> 14 <input type="checkbox"/> 18 <input type="checkbox"/> 21 <input type="checkbox"/> Other		
Comments				
Compact Fluorescent Bulbs / LED				
# of Bulbs	# of bulbs left with Client	Client does not want LED:		
Wattage:		_____ Client Signature		
Shower Heads				
# of Shower heads	Is existing plumbing adequate to install shower heads <input type="checkbox"/> Yes <input type="checkbox"/> No			
# Installed or left w/client	Client does not want Water saving shower heads installed  (client signature) _____			

## Weatherization Program Audit Form

SECTION 9: Thermal Boundary (Attic)					
Attic 1: Existing Insulation Type	R-value or batt size	Square feet	# of Bags  Cell    FG	Final R-value	Materials
Attic 2: Existing Insulation Type			Cell    FG		
Attic 3: Existing Insulation Type			Cell    FG		
Sloped /Enclose Cavity Existing Insulation			Cell    FG		
Kneewalls					
<p>Auditor Assessed: Visually <input type="checkbox"/> Wire probe <input type="checkbox"/> Infrared camera <input type="checkbox"/></p> <p>Inspection hole Location: _____</p> <p># of Heat Sources _____ Describe: _____</p> <p>_____</p> <p>Are there Recessed "Can" lights present? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>IC Rated <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p># of Can lights _____ Location: _____</p> <p>Open J-Boxes: <input type="checkbox"/>Yes <input type="checkbox"/>No # of Open J-Boxes _____</p> <p>Wiring Issues: <input type="checkbox"/>Yes <input type="checkbox"/>No Knob &amp; Tube: <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Open Splices: <input type="checkbox"/>Yes <input type="checkbox"/>No Electrician Needed: <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>By-Passes: <input type="checkbox"/>Yes <input type="checkbox"/>No Open Wall Cavities: <input type="checkbox"/>Yes <input type="checkbox"/>No</p>					Materials:
Comments:					

## Weatherization Program Audit Form

SECTION 10: Thermal Boundary (Walls) <input type="checkbox"/> EPA Certified Renovator needed						
Existing Info	Cavity Size	R-value Or batt size	Gross Sq. Ft.	( - ) Doors & Window Sq. Ft.	= Net Sq. Ft.	Materials:
North Wall						
South Wall						
East Wall						
West Wall						
Repairs		Description			Est. Costs \$	
Comments:						
<b>Method / Location:</b> Portfolio reviewed with client: Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Exterior <input type="checkbox"/> Remove Siding <input type="checkbox"/> Drill Siding # Plugs _____ Size _____  <input type="checkbox"/> Interior Plug & Patch # Plugs _____ Size _____  <input type="checkbox"/> Blow from Attic <input type="checkbox"/> Blow from Crawl Space  Special Tools or Equipment needs:  Auditor Assessed Walls: <input type="checkbox"/> Visually <input type="checkbox"/> IR camera  <input type="checkbox"/> Wire probe (only for empty cavities) <input type="checkbox"/> Location _____  <input type="checkbox"/> Drilled 4" Inspection hole Location _____  <input type="checkbox"/> Drilled Inspection hole Location _____						Materials:

# Weatherization Program Audit Form

SECTION 11: Thermal Boundary (Subspace)		
<p><b><u>Site Crawl Space</u></b></p> <p>Boxsill R-value _____ Type _____</p> <p>Wall R-value _____ Type _____</p> <p>Floor R-value _____ Type _____</p> <p><input type="checkbox"/> 2x6 <input type="checkbox"/> 2x8 <input type="checkbox"/> 2x10 Other _____</p> <p>Wall height (in) _____</p> <p>Outside exposed height (in) _____</p> <p>Wall length to insulate (ft) _____</p> <p>Existing vapor barrier <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>At-risk water pipes <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 40px;">½" pipe to insulate _____ft</p> <p style="padding-left: 40px;">¾" pipe to insulate _____ft</p> <p>Exposed ducting <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 40px;">To insulate: Dia_____ Length_____</p>	<p><b><u>Site Basement</u></b></p> <p>Boxsill R-value _____ Type _____</p> <p>Wall R-value _____ Type _____</p> <p>Floor R-value _____ Type _____</p> <p><input type="checkbox"/> 2x6 <input type="checkbox"/> 2x8 <input type="checkbox"/> 2x10 Other _____</p> <p>Wall height (in) _____</p> <p>Outside exposed height (in) _____</p> <p>Wall length to insulate (ft) _____</p> <p>Conditioned space <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>At-risk water pipes <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 40px;">½" pipe to insulate _____ft</p> <p style="padding-left: 40px;">¾" pipe to insulate _____ft</p> <p>Exposed ducting <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 40px;">To insulate: Dia_____ Length_____</p>	<p><b><u>Mobile Belly</u></b></p> <p><b><u>Wing</u></b></p> <p>R-value ____ Depth____Type_____</p> <p>Condition <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor</p> <p>Cavity depth (in) _____</p> <p>Insulation attached at:</p> <p style="padding-left: 40px;"><input type="checkbox"/> Floor decking</p> <p style="padding-left: 40px;"><input type="checkbox"/> Between joists</p> <p style="padding-left: 40px;"><input type="checkbox"/> Below joists</p> <p><b><u>Center</u></b></p> <p>Type <input type="checkbox"/> Square <input type="checkbox"/> Round <input type="checkbox"/> Flat</p> <p>R-value ____ Depth____Type_____</p> <p>Condition <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor</p> <p>Cavity depth (in) _____</p> <p><input type="checkbox"/> Cross joists <input type="checkbox"/> Lengthwise joist</p> <p>Cross-over ducting <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b><u>Perimeter</u></b></p> <p>Height(in)_____ Length(ft)_____</p>
<p>Comments:</p>		



## Weatherization Program Audit Form

SECTION 12: Air-Leakage / Minimum Ventilation Rate																											
Pre-Blower Door  _____ cfm @ 50 pa.  <input type="checkbox"/> Front door <input type="checkbox"/> Back door <input type="checkbox"/> Other	Pre Insulation Blower Door  _____ cfm @ 50 pa.  <input type="checkbox"/> Front door <input type="checkbox"/> Back door <input type="checkbox"/> Other	Post Blower Door  _____ cfm @ 50 pa.  <input type="checkbox"/> Front door <input type="checkbox"/> Back door <input type="checkbox"/> Other																									
Blower Door Reduction Estimate _____																											
Air Leakage Locations:  <input type="checkbox"/> Chimney/ Flues <input type="checkbox"/> Attic Wire/Pipe Penetrations <input type="checkbox"/> Dropped Soffit <input type="checkbox"/> Attached Garage Wall <input type="checkbox"/> Crawlspace <input type="checkbox"/> Recessed Lights <input type="checkbox"/> Rim Joist <input type="checkbox"/> Sill Plumbing Chase <input type="checkbox"/> Tongue & Groove Ceiling <input type="checkbox"/> Doors <input type="checkbox"/> Windows <input type="checkbox"/> Partition Walls <input type="checkbox"/> Band Joist  ****Required air sealing of floor with crawlspace due to radon policy ****																											
Comments:																											
<b>ACH</b>	<b>ASHRAE 62.2.2013</b>																										
Volume _____ ft <sup>3</sup>  _____ cfm50 x 60 (min) ÷ _____ ft <sup>3</sup> = _____ ACH  If at any time the ACH is 3 or less an ASHRAE assessment <u>must</u> be performed.  **note** Volume includes any conditioned space.	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 10%;">Room</th> <th style="width: 30%;">ASHRAE 62.2</th> <th style="width: 20%;">Window</th> <th style="width: 40%;">Measured</th> </tr> <tr> <th>Exists</th> <th>Required cfm</th> <th>Exists</th> <th>cfm if exhaust fan exist</th> </tr> </thead> <tbody> <tr> <td><b>Y or N</b></td> <td><b>Kitchen (100)</b></td> <td><b>Y or N</b></td> <td><b>CFM</b></td> </tr> <tr> <td>Y or N</td> <td>Bath (50)</td> <td>Y or N</td> <td>CFM</td> </tr> <tr> <td>Y or N</td> <td>Bath (50)</td> <td>Y or N</td> <td>CFM</td> </tr> <tr> <td>Y or N</td> <td>Bath (50)</td> <td>Y or N</td> <td>CFM</td> </tr> </tbody> </table>			Room	ASHRAE 62.2	Window	Measured	Exists	Required cfm	Exists	cfm if exhaust fan exist	<b>Y or N</b>	<b>Kitchen (100)</b>	<b>Y or N</b>	<b>CFM</b>	Y or N	Bath (50)	Y or N	CFM	Y or N	Bath (50)	Y or N	CFM	Y or N	Bath (50)	Y or N	CFM
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Y or N	Bath (50)	Y or N	CFM																								
<b>Comments:</b>																											

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<b>Pressure Pan</b> (Ducts outside thermal boundary)			<b>Zone Pressure Diagnostic (ZPD)</b>		
<u>Register location</u>	<u>Pre</u>	<u>Post</u>	<u>Location</u>	<u>Pre</u>	<u>Post</u>
			Attic		
			Floor		
			<b>Comments:</b>          		

## Weatherization Program Audit Form

- **Document:** the Thermal Boundary, Special Notes, Instructions, Location of auditor test holes and other important information on this page. ***Attach additional page if needed for diagram.***

### SECTION 8: UNIT DIAGRAM/DIMENSIONS/SPECIFICATIONS

Windows & Doors		
# of	Size	N, S, E, W

# Weatherization Program Audit Form

## Pre-Renovation Form

This form is to be used by renovation firms to document compliance with the Federal pre-renovation education and renovation, repair, and painting regulations.

### Occupant Confirmation

#### 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.

---

**Printed Name of Owner-occupant**

---

**Signature of Owner-occupant**

---

**Signature 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).
- 

---

**Printed Name of Person Certifying Delivery**

---

**Attempted Delivery Date**

---

**Signature of Person Certifying Lead Pamphlet Delivery**

---

**Unit Address**

**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.

**Note:** This form is effective July 2010.

Date Approved:  
Approved by: CEO Wx Staff

CEO Wx Audit Form

## Weatherization Program Audit Form

Work Order or attach NEAT/MHEA Work Order	Installer	Actual Time & Material Used	Crew Leader Inspection
<b>ATTIC :</b>			
<input type="checkbox"/> Air seal attic bypass penetrations in attic			
Attic Prep; <input type="checkbox"/> Install covers on open J-boxes (quantity) _____  <input type="checkbox"/> Shield heat source flue _____  <input type="checkbox"/> Hard/ Soft dam attic access hatch _____  <input type="checkbox"/> Insulate and weather-strip access hatch  <input type="checkbox"/> Install insulation depth marker  <input type="checkbox"/> Bath fan vented above insulation level			
<input type="checkbox"/> Install R-_____ blown cellulose/ fiberglass in attic _____.  Install _____ sqft.			
<input type="checkbox"/> Install insulation certificate			
<b>WALLS:</b>			
<input type="checkbox"/> Interior/Exterior wall insulation _____ Sqft  <input type="checkbox"/> Install insulation certificate			

Date Approved:  
 Approved by: CEO Wx Staff

CEO Wx Audit Form

## Weatherization Program Audit Form

<b>CRAWLSPACE:</b>			
<b>Air Seal:</b> <input type="checkbox"/> Seal floor penetrations between crawl and living space  <input type="checkbox"/> Seal/ Weather-strip crawlspace access hatch			
<input type="checkbox"/> Vapor barrier <b>Open/Closed:</b> <input type="checkbox"/> Seal vapor barrier seams <input type="checkbox"/> Seal crawl vents <input type="checkbox"/> Air seal rim joist			
<input type="checkbox"/> Crawlspace Insulation: <input type="checkbox"/> Install R-_____ floor insulation. _____ sqft  <input type="checkbox"/> Install R-_____ perimeter insulation. _____ Lnft  <input type="checkbox"/> Install Insulation Certificate			
<input type="checkbox"/> <b>Duct Sealing</b> <input type="checkbox"/> Ducts at plenum <input type="checkbox"/> Connections <input type="checkbox"/> Return plenum <input type="checkbox"/> Supply plenum <input type="checkbox"/> Cavity return <input type="checkbox"/> Block off large holes with ductboard			
<input type="checkbox"/> <b>Duct Insulation</b> _____ Lnft, R-value to install _____			
<input type="checkbox"/> <b>Storm Windows</b> Window locations: _____ _____ _____ _____			

## Weatherization Program Audit Form

Work Order or attach NEAT/MHEA Work Order	CFG #	Installer(s)	Actual Time & Material Used	SIR

Comments:

<b>Auditor Signature</b>	<b>Date:</b>
<i>I attest that I have completed a thorough energy audit and given client education. Decisions to install measures or not to install measures are based on accurate utility data and generic priority lists or site specific audits. I also attest that I have assessed the heating system and water heater or have consulted with the furnace technician.</i>	