



Final Inspection Report

Date _____

Agency _____ Job# _____ City: _____ County: _____

Agency Auditor: _____ Agency Inspector: _____

Gas ☐ Electric ☐ Propane ☐ Solid ☐ (Type) _____

Ranch ☐ 1½ Story ☐ 2 Story ☐ Bi-level ☐ Tri-level ☐ Manufactured ☐ Other: _____

Exterior Condition: Fair ☐ Good ☐ Excellent ☐ Notes: _____

Brick ☐ Double Brick ☐ Siding ☐ Stucco ☐ Block ☐ Adobe ☐ Metal ☐ Other _____

Comments: _____

Owner ☐ Renter ☐ Year Built _____ Multifamily? ☐

FILE REVIEW - Funding Source _____

1. Unit Assessed Using: ☐ Energy Audit (Audit Name: i.e. NEAT, MHEA, etc) _____
Waiver Granted For This Unit? (Fuel conversions, multifamily, etc.) ☐

	YES	NO	N/A	Details
2. Health and Safety Client Notification Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Lead-Paint Notification Documentation (Client AND LL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Certified Renovator Documentation (Pre 1978 Homes) (Copy of Renovator's Certificate and Checklist in File)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Suspected Asbestos Form and Client Ed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Radon Informed Consent Form and Pamphlet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Solar Final Inspection Addendum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. State Historic Preservation Docs (50 years and older)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Combustion Appliance Testing Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Blower Door Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Zonal Pressure Diagnostics Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. Duct Assessment Documentation (Duct blaster, pressure pan, whole house subtraction, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. CAZ SAFETY DAILY TESTING SHEET IS COMPLETED AND IN FILE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. ACH Calculation Sheet complete and is in file				

☐ Go- Back Required

Comments: _____

AIR SEALING -

- | | Pass | Fail | N/A | Details |
|---|--------------------------|--------------------------|--------------------------|---------|
| 1. Air Sealing Performed: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2. Window/Door weather-stripping | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. Energy Related Repairs _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4. Work Meets SWS in sections: 2 & 3 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

☐ Go- Back Required

Comments: _____
ATTIC -

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|-------|
| 1. Attic Insulation Installed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Pre-WX R: _____ Post-WX R: _____ Qty installed (bags, sf, etc) _____ | | | | |
| 2. Good coverage & R-Value | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. Good Patching/Plug work (Ceiling drill & fill) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4. Good Patching/Plug work (Manufactured Home Lid) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 5. Knee Wall Areas Insulated(Pre_____ Post_____ Qty_____) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 6. Insulation Certificate Completed & Posted | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 7. Heat Source/ Vent Damming | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 8. Attic Access Insulated and Secured | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 9. Ventilation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 10. Energy Related Repairs _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 11. Work Meets SWS in sections: 2, 4, 5 & 6 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

☐ Go- Back Required

Comments: _____
SIDEWALLS/KNEEWALLS -

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|-------|
| 1. Sidewall Insulation Installed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| a. Drill & Fill Method | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| b. Batt Method | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| c. Other (Foam board, Spray Foam, etc) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Pre-WX R: _____ Post-WX R: _____ Qty installed (bags, sf, etc) _____ | | | | |
| 2. Plugs, Patching, & Painting Appropriate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. Insulation Certificate Completed & Posted | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4. Energy Related Repairs _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 5. Work Meets SWS in sections: 2 & 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

☐ Go- Back Required

Comments: _____

SUBSPACE - Slab ☐ **Crawl** ☐ Pre-WX R: _____ Post-WX R: _____ **Basement** ☐ Pre-WX R: _____ Post-WX R: _____
 Qty installed (LF, SF, bags, etc) _____

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|-------|
| 1. Foundation/Perimeter Insulation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2. Under-floor/Belly Insulation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. Belly Patching (Manufactured Home) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4. Basement Sidewall Insulation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 5. Vapor Retarder added - Vented_____ Closed_____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 6. Energy Related Repairs _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 7. Work Meets SWS in sections: 2, 3 & 4 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

☐ Go- Back Required

Comments: _____

HEATING, VENTILATION -

	Pass	Fail	N/A	Details
1. Heating System Replacement (Efficiency)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Heating System Cleaning, Tune-Up/Filter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Distribution System Modifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Duct/Boot Sealing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Duct Insulation Added / Repaired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Return Air Vents Sealed Off / Added: (Manufactured Home)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Ventilation Installation/Modification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Set-Back Thermostat Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Energy Related Repairs _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Work Meets SWS in sections: 2, 3, 5 & 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

☐ Go- Back Required

Comments: _____

WINDOWS/DOORS -

1. Number Of Windows Replaced: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Number Of Storm Windows Installed: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Number Of Doors Replaced: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Energy Related Repairs _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Work Meets SWS in sections: 2 & 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

☐ Go- Back Required

Comments: _____

BASELOAD MEASURES -

1. Water Heater Tank Wrap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Water Heater Pipe Wrap (1 st 6 feet hot & cold)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Water Heater Door Insulated (Manufactured Home)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Pipe Insulation added (Correct size / diameter?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Water Saving Fixtures Installed: # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Lighting – CFLs / LEDs Installed: # _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Fridge Replacement Meter <input type="checkbox"/> Database <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
a. Fridge Final Inspected & signed off?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Other Measures: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Work Meets SWS in sections: 2 & 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

☐ Go- Back Required

Comments: _____

HEALTH & SAFETY MEASURES -

1. Attic H&S:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Building Interior:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Subspace:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Building Exterior:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. HVAC – Repair/Replacement (H&S)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Water Heater – Repair/Replacement (H&S)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Detectors: Smoke# _____ CO# _____ Combo# _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. ASHRAE required CFM _____ Measured CFM _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Dryer Vent Repair:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Other H&S Measures: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Work Meets SWS in sections: 2, 5, 6 & 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

☐ Go- Back Required

Comments: _____

OTHER ENERGY RELATED REPAIRS (Not noted elsewhere) -

1. Other Repair Measures: _____ **Pass** ☐ **Fail** ☐ **N/A** ☐

Measure(s) tied to for SIR: _____

2. Work Meets Standards: ☐ ☐ ☐

Comments: _____

INSPECTION SUMMARY

Audit Accuracy		
Auditor's work order is correct and accurate.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments:
All measures that are cost-effective have been installed.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
All measures installed are of good quality and meet the CEO WX Policies and Colorado Field Guide Specifications. (CFG)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
All Hazards have been identified and corrected.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
All Health and Safety Issues have been identified and corrected.	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Re-inspection of Agency Go-Backs: **Pass** ☐ **Fail** ☐ **Date:** _____

Comments:

ADDITIONAL COMMENTS/NOTES: _____

As a certified Quality Control Inspector (QCI), my signature certifies that this unit is complete and that all measures and materials are installed correctly and that the unit complies with all CEO WX Policies and Colorado Field Guide Specifications (CFG).

Inspector Signature _____ Date _____
Printed Name _____

Inspection Outcome: Pass ☐ Go-Back ☐

Client signature below confirms that weatherization work was done to this home. To the best of the clients knowledge their home has not been damaged by the weatherization services provided to them and they promise to hold the CEO WX Program, its agencies and its workers, exempt from any liability from future problems or issues that may arise that cannot be directly linked to this free weatherization service. Should an issue or problem arise within 1-year from this date, the client will contact this agency immediately so that they might be able to examine the concern and possibly correct it, before it may become a more serious issue.

- ☐ **I am very pleased** with the services I have received and I would highly recommend this program to others.
- ☐ **I am satisfied** with the services I have received and I might recommend this program to others if questioned.
- ☐ **I am displeased** with the services I have received (please state your concerns below in the comment section).

Client Signature: _____ Date _____

Comments:
