Weatherization Audit / Inspection Form (Manufactured Homes)

Weatherization Client Authorization and Disclosure Statements

I have had the weatherization measures that I may qualify for, explained to me and understand that this work will be done at no cost to me. Completion of weatherization services are dependent upon availability of federal funding.

Materials and equipment installed in an eligible dwelling by the low-income weatherization program shall remain in the dwelling. In the event the homeowner or landlord sells the property as a habitable dwelling, materials and equipment installed by the Iowa Low-Income Weatherization Assistance Program shall remain in the dwelling.

Energy Auditor Name: _____
Agency Name: _____
Address: _____
City, Zip: _____
Phone: _____

Client Name: _____
Address: _____
City, Zip: _____
Phone: _____
File Number: _____

Energy Auditor Signature	Date	Client Signature	Date

QCI FINAL INSPECTION

"I have completed an on-site inspection of this weatherized unit. I certify that the Weatherization measures were followed, quality work was performed, materials meet minimum standards listed in the state plan, and a post weatherization safety check was completed on this unit."

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

QCI FINAL RE-INSPECTION

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

Wx Audit / Inspection (Manufactured Homes)

File #: _____ AFN #: _____

Name: _____

Address: _____

City, Zip: _____

County: _____ Phone #: _____

Primary Vendor: _____ Alt Phone #: _____

Secondary Vendor: _____ House Faces: _____

Landlord Information:

Ownership: _____ # Occupants: _____

House Color: _____ # Bedrooms: _____

Year Built: _____ # Bathrooms: _____

Siding Type: _____ LSW Req'd: _____

SHPO Review Req'd: _____

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

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

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

Volume: _____

Pre-Temperature		Post Temperature	
Inside: _____	Outside: _____	Inside: _____	Outside: _____

Blower Door Air Leakage Rate (CFM)

Pre-Retrofit: _____ @ _____ Pascals Ring Used: _____

Post-Retrofit: _____ @ _____ Pascals Location of BD: _____

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

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

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

Walls

Stud Size: _____

Orientation of Long Wall: _____

Wall Ventilation: _____

Uninsulatable Wall Area (sq ft): _____

Carport/Porch Roof

Length (in): _____

Width (in): _____

Addition Walls

Stud Size: _____ Interior Wall Max Height (ft): _____

Addition Orientation: _____ Interior Wall Min Height (ft): _____

Wall Ventilation: _____

Wall Configuration: _____

#/ Wall Code	Existing Insulation			Additional Insulation		
	Batt/ Blanket (in)	Loose Fill (in)	Foam Core (in)	Batt/ Blanket (in)	Loose Fill (in)	Foam Core (in)

#/ Wall Code	Existing Insulation			Additional Insulation		
	Batt/ Blanket (in)	Loose Fill (in)	Foam Core (in)	Batt/ Blanket (in)	Loose Fill (in)	Foam Core (in)

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

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

AUDITOR Notes

QCI Notes

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

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

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

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

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

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

AUDITOR Notes

QCI Notes

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

Doors

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

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

Ceiling

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

Addition Ceiling

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

AUDITOR Notes

QCI Notes

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

Floor Wing Description

Floor Joist Description	Skirt Present	Wing Floor Joist Size

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

Floor Belly (Center) Description

Joist Size	Belly Cavity Configuration	Condition of Belly	Max Depth Belly

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

Addition Floor

Joist Size	Floor Type	Floor Dimensions (LxW)

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

AUDITOR Notes

QCI Notes

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

File #: _____ AFN #: _____

Name: _____

Address: _____

City, Zip: _____

Phone #: _____ Ownership: _____

County: _____

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

Pre	Post	Final	Ventilation
			Furnace Draft
			Furnace Spillage
			Water Heater Draft
			Water Heater Spillage
			Flex Gas Line/Appliance Connector
			CAZ Volume
			CAZ WRT Outside Base
			CAZ WRT Outside Worst Case Setup
			CAZ WRT Main Body
			Dryer Fuel / Vent Ok?
			Check for Gas Leaks
			Other:
			Other:
			Other:

Supply Duct Pressures

Location	Pre	Post	Final	Location	Pre	Post	Final

Room Pressures

Location	Pre	Post	Final	Location	Pre	Post	Final

AUDITOR Notes

Square Footage

Square Footage: _____ Addition Square Footage: _____

Heating System

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

AUDITOR Notes

Duct Insulation Location: _____

Water Heater

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

AUDITOR Notes

Air Conditioning

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

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

AUDITOR Notes

PLUMBING/MECHANICAL/ELECTRICAL - INSPECTION NOTES

CWR (Y/N)

Inspector Printed Name	Inspector Signature	Date	

PLUMBING/MECHANICAL/ELECTRICAL - RE-INSPECTION NOTES

CWR (Y/N)

Inspector Printed Name	Inspector Signature	Date	

PLUMBING/MECHANICAL/ELECTRICAL - QCI INSPECTION NOTES

CWR (Y/N)

Inspector Printed Name	Inspector Signature	Date	

PLUMBING/MECHANICAL/ELECTRICAL - QCI RE-INSPECTION NOTES

CWR (Y/N)

Inspector Printed Name	Inspector Signature	Date	

Compact Fluorescent Light Bulbs

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

AUDITOR Notes		QCI Notes	
		CWR (Y/N)	

Utility Measures and Safety Equipment

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

AUDITOR Notes		QCI Notes	
		CWR (Y/N)	

Refrigerator/Freezer Metering

Refrigerator 1			Freezer 1		
Brand:			Brand:		
Start Time:		Opening:	Start Time:		Opening:
End Time:		Size (cu ft):	End Time:		Size (cu ft):
Minutes:		Door Hinge:	Minutes:		Door Hinge:
Reading:		Owned By:	Reading:		Owned By:
Annual kWh:			Annual kWh:		
Height:		No Action	Height:		No Action
Width:		Remove	Width:		Remove
Depth:		Exchange	Depth:		Exchange

Refrigerator 2			Freezer 2		
Brand:			Brand:		
Start Time:		Opening:	Start Time:		Opening:
End Time:		Size (cu ft):	End Time:		Size (cu ft):
Minutes:		Door Hinge:	Minutes:		Door Hinge:
Reading:		Owned By:	Reading:		Owned By:
Annual kWh:			Annual kWh:		
Height:		No Action	Height:		No Action
Width:		Remove	Width:		Remove
Depth:		Exchange	Depth:		Exchange

Refrigerator 3			Freezer 3		
Brand:			Brand:		
Start Time:		Opening:	Start Time:		Opening:
End Time:		Size (cu ft):	End Time:		Size (cu ft):
Minutes:		Door Hinge:	Minutes:		Door Hinge:
Reading:		Owned By:	Reading:		Owned By:
Annual kWh:			Annual kWh:		
Height:		No Action	Height:		No Action
Width:		Remove	Width:		Remove
Depth:		Exchange	Depth:		Exchange

AUDITOR Notes		QCI Notes	
		CWR (Y/N)	

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

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

AUDITOR Notes

QCI INSPECTOR Notes

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

Additional Comments

QCI INSPECTION

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

QCI RE-INSPECTION

Notes