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 (Stick-Built Homes)

File #: _____ AFN #: _____

Name: _____

Address: _____

City, Zip: _____

County: _____ Phone #: _____

Primary Vendor: _____ Alt Phone #: _____

Secondary Vendor: _____ House Faces: _____

Landlord Information:

Housing Type: _____ # Occupants: _____

Ownership: _____ # Bedrooms: _____

House Color: _____ # Bathrooms: _____

Year Built: _____ LSW Req'd: _____

Siding Type: _____ SHPO Review Req'd: _____

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

Floor Area (sq ft) _____ Volume (cu ft): _____ Exposed/ Walkout Basement: _____

Stories: _____ Surface Area: _____ Avg. Story Height: _____

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: _____

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

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

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

Attached/Tuck-Under Garage Blower Door Air Leakage Rate (CFM)

Method: _____ House to Garage Pressure (Pre): _____

Beginning CFM: _____ House to Garage Pressure (Post): _____

Ending CFM: _____

Vermiculite

Vermiculite Present in Home: _____

Location of Vermiculite: _____

Results of Testing: _____

Knob & Tube Wiring

Knob & Tube Wiring Present in Home: _____

Location of Knob & Tube Wiring: _____

Fuses Present: _____ Amperage: _____

Walls								Windows							
Wall Code	Wall Surfaces		Existing Insulation		Additional Insulation		Exposed/ Buffered	#/Wall Code	Dimen	Type	#/ Repair	#/Wall Code	Dimen	Type	#/ Repair
	Dimen/ Depth	Gross Area	Type	R-Value	Type	R-Value/#									

Wall Codes: N=North S=South E=East W=West Dimen/Depth: length and height Exposed/Buffered: Outside, Buffered, Attic

Insulation Types: Blwn Cell (Blown Cellulose), Blwn FG (Blown Fiberglass), FG Batts (Fiberglass Batts), Rockwool, Poly Board (Polystyrene Board)

Window Types: Wood, Metal, Imp Metal (Improved Metal), None, Single, Double, Double Low-E, Single w/Metal Storm, Single w/Wood Storm

AUDITOR Notes

QCI Notes

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

Doors												
#/Wall Code	Dimen/ Depth	Type	Storm	Repair/Replace		Weatherstrip		Sweep		Threshold	
				Work that needs to be done	Work Complete	Needed	Installed	Needed	Installed	Needed	Installed

Wall Codes: N = North S = South E = East W = West Storm: A=Adequate D=Deteriorated N=None

Door Types: Hollow Core Wood, Solid Core Wood, Insulated Steel, Single Pane Sliding Glass, Double Pane Sliding Glass

AUDITOR Notes

QCI Notes

CWR (Y/N)

Attics

Desc	Area	Floored/ Unfloored	Existing Access	Existing Insulation		Additional Insulation		Open Bypasses	Air Sealing Notes
				Type	Depth/R-Value	Type	Depth/R-Value/#		

Metal Damming		Scuttle Lid		Scuttle W/S		Scuttle Hole Damming	
Scuttle Insulation				Vents		Suspended Ceiling	

Desc: AT1 = Attic 1 AT2 = Attic 2 AT3 = Attic 3 AT4 = Attic 4 RR/SL = Roof Rafters/Slants CB = Collar Beam KW = Kneewall OCJ = Outside Ceiling Joist

Existing Access: Roof Vent, Gable Vent, Attic, Collar Beam, Scuttle Lid, Interior Wall, No Access, Access Needed, Pull-Down Stairs, Door, In Garage

Insulation Types: Blwn Cell (Blown Cellulose), Blwn FG (Blown Fiberglass), FG Batts (Fiberglass Batts), Rockwool, Balsam Wool, 2-Part Foam, Vermiculite, None

AUDITOR Notes

QCI Notes

		CWR (Y/N)	
	Attic Access Sealed		
	Check Depth Insulation		
	Heat Sources Shielded		
	By-Passes Sealed		
	Floor Dense-Packed		
	Slants Dense-Packed		
	Kneewall Insulated		
	Attic Vented		
	Brick Chimney Sealed		
	Chimney Vents Outside		
	Insulation Certificate(s)		
	Depth Markers		
	Junction Box Markers		
	Suspended Ceiling(s)		
	Other		
	Other		

Foundation Spaces / Crawlspaces / Exposed Floors / Underbelly									
Desc	Wall Height	Exp %	Area	Perimeter	Bandjoist Material / Joist Space / Area	Vapor Barrier	Wall Insulation	Grade Door	Notes

Desc: CS=Crawlspace BJ=Bandjoist OB=Open Basement S=Slab US=Uninsulated Slab EF=Exposed Floor C=Cantilever

AUDITOR Notes

QCI Notes

		CWR (Y/N)	
____	Bandjoist Insulation	____	
____	Crawlspace Insulation	____	
____	Vapor Barrier Installed	____	
____	Crawlspace Vents Sealed	____	
____	Foundation	____	
____	Ext Basement Entrance	____	
____	Other	____	
____	Other	____	
____	Other	____	

File #: AFN #:

Name:

Address:

City, Zip:

Phone #: Housing Type:

County: Ownership:

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?
			House to Attic Pressure 1
			House to Attic Pressure 2
			House to Attic Pressure 3
			Check for Gas Leaks

Return Duct Pressures / **Supply Duct Pressures**

Location	Pre	Post	Final	Location	Pre	Post	Final

Room Pressures

Location	Pre	Post	Final	Location	Pre	Post	Final

AUDITOR Notes

Zone Pressure Notes (interconnection leakages)

Square Footage per Floor

Basement 1st Floor 2nd Floor Crawlspace

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:
Location:	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

AUDITOR Notes

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)*

Type: W=*Window Unit* C=*Central Air* N=*None*

AUDITOR Notes

PLUMBING & MECHANICAL - INSPECTION NOTES

CWR (Y/N)

Inspector Printed Name	Inspector Signature	Date	

PLUMBING & MECHANICAL - RE-INSPECTION NOTES

CWR (Y/N)

Inspector Printed Name	Inspector Signature	Date	

PLUMBING & MECHANICAL - QCI INSPECTION NOTES

CWR (Y/N)

Inspector Printed Name	Inspector Signature	Date	

PLUMBING & MECHANICAL - QCI RE-INSPECTION NOTES

CWR (Y/N)

Inspector Printed Name	Inspector Signature	Date	

Compact Fluorescent Light Bulbs

# 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