

Priority List Audit Events Policy Manual Addendum

Priority List Procedures for Site Built, Mobile Homes, and Low-Rise Multi-Family Dwellings

Policy: The use of Priority List Audit Events as defined by the United States Department of Energy (US DOE) in WPN 22-8 are an initiative of the Minnesota Weatherization Assistance Program (MN WAP) intended to streamline the energy audit process to allow Minnesota Weatherization Service Providers to provide weatherization services more broadly to income-eligible Minnesota households.

General Guidance

- All aspects of the MN WAP Policy Manual and its appendices apply to Priority List Audit Events, including but not limited to health and safety measures, procurement, and contracting if not otherwise stated in this document.
- The criteria and requirements for Priority List Audit Events will follow the appropriate checklists by housing type. This will be done by following and completing Form A Checklist – Region 3, Form C – Combustion Safety, and Form H – Health and Safety located in WA.
- The primary difference between Priority List Audit Events and Site-Specific Audit Events is the cost justification and selection of Energy Conservation Measures. Policy and Procedures in this document will include differences in data collection, file contents, measure selection, documentation requirements, and monitoring requirements.
- With respect to climate zones defined in WPN 22-8, all areas of Minnesota are Region 3 - Cold.
- All applicable Health and Safety Measures included in the Minnesota US DOE State Plan must be completed for Priority List Audit Events.
- The average cost per unit (ACPU) applies to Priority List Audit Events as defined in the MN WAP Policy Manual.
- Any measure listed as “mandatory” in WPN 22-8 may only be skipped if it is physically impossible to install, regardless of funding source used for the measure. SP is to properly document and inactive the measure in Weatherization Assistant (WA).
- If a dwelling meets the criteria found in WPN 22-8 for Priority List Audit Event Weatherization, the dwelling may be weatherized using the Priority List approach. If the energy auditor determines that the dwelling unit needs any measure not included on the relevant Priority List or if the home does not meet the basic requirements listed in WPN 22-8, then a site-specific energy audit must be run in compliance with the Minnesota’s US DOE-approved energy audit procedures.
- Monthly uploads will include the priority list data collection forms for all Priority List Audit Events completed that month.
- Additional measures paid for with other funding sources, including EAPWX Measure Expansion and utility program measures can be installed in tandem with Priority List Audit Events.

Priority List Audit Events may only be completed for those eligible dwellings that meet the following criteria (as defined by WPN 22-8).

1. Site Built Dwellings: Wood-framed single-family site-built dwelling unit that meets the following checklist:
 - a. Three (3) stories or less above grade.
 - b. Primary heating system is not:
 - i. a sealed-combustion natural gas furnace with an original AFUE rating of 90% or greater;
 - ii. a heat pump manufactured after 2006.
 - c. Job will not exceed \$500 in incidental repairs meeting the definition outlined in the MNWAP Policy 4.2.2.
2. Manufactured Homes: Single-wide or double-wide manufactured homes that meet the following checklist:
 - a. Manufactured before 2010.
 - b. Has an accessible unconditioned subspace.
 - c. Does not have an attached conditioned addition.
 - d. Primary heating system is not a natural gas furnace with an original AFUE rating of 80% or greater.
 - e. Job will not exceed \$500 in incidental repairs meeting the definition outlined in MN WAP Policy 4.2.2.
3. Low-Rise Multifamily: Wood-framed Low-Rise Multifamily structures that meet the following checklist:
 - a. Three (3) stories or less above grade.
 - b. Contains five or more units per building.
 - c. Incidental Repair Measure (IRM) costs, as defined in MN WAP Policy 4.2.2, funded with US DOE WAP funds will not exceed 10% of the project's total Energy Conservation Measures (ECM).

Special Multifamily Requirements Related to Common Spaces: Only items labeled as “Mandatory” may be installed in common spaces regardless of who pays the utility costs for these spaces. Common areas not physically connected to the qualified building, even if existing only for the use of the tenants of the qualified building, may not receive services paid for with WAP funding. “Optional” measures may not be installed using US DOE WAP funds in common spaces and may only be installed in dwelling units if all other applicable mandatory measures are installed as well.

Policy Guidance Additions to the MN WAP Policy Manual

Section 1: Program Management

1.3.1 Unit Averages: The Average Cost Per Unit (ACPU) for units completed using a Priority List Audit Event is the same as that for Audit Events.

1.3.2 Production Planning: Service Providers should incorporate anticipated US DOE ACPU for Priority List Audit Events into planned US DOE units based on cost of priority list measures relative to site specific audit events.

Section 2: Eligibility and Service Requirements

2.2 Priority for Providing Weatherization Services: Whether or not a dwelling can be weatherized as a Priority List Audit Event has no bearing on the prioritization of weatherization services. MN WAP Policy 2.2 must be implemented as written in the MN WAP Policy Manual. The ability to weatherize a home as a Priority List Audit Event is not a priority category as defined under MN WAP Policy 2.2.

Section 3: Dwelling Eligibility

3.3.2 Multifamily Rental Requirements: The ability to use a Priority List Audit Event in a multifamily project will depend on whether or not the dwelling or dwelling units meet the criteria outlined above for either a Site Built or Low-Rise Multifamily building. In most cases rented townhomes with complete separation between the building units' thermal barriers, air pressure boundaries, mechanical systems, and with individually metered units may be weatherized according to the Site Built Priority List.

3.8 Deferrals: The inability to weatherize a home using a Priority List Audit Event cannot be used as a justification for deferring a dwelling. Dwellings that cannot be weatherized using a Priority List Audit Event must be evaluated for a Site-Specific Audit Event.

Section 4: Audit Event

4.1 Definition:

POLICY: MN WAP uses priority lists as defined in WPN 22-8 to generate energy conservation measures for Priority List Audit Events.

4.2.1 Energy Conservation Measure: ECMs are to be evaluated based on the definitions and procedures found in WPN 22-8 for Priority List Audit Events.

4.2.2 Incidental Repair Measures: Incidental repair measures are limited to \$500 for site built and manufactured homes and to 10% of the projects total Energy Conservation Measures for multifamily dwellings for Priority List Audit Events.

4.2.3 Health & Safety Measures: Health and Safety Measures must be installed as they would be for site specific homes for Priority List Audit Events.

4.2.4: General Heat Waste Measure (GHW): General Heat Waste Measures are allowed and are to be implemented per WPN 22-8, which is different than for Site-Built Audit Event checklists as defined in MN WAP Policy 4.2.3.4.

4.3 Household File Content: Unless otherwise noted in this document household file contents are the same for Priority List Audit Events as for Site Specific Audit Events including all required forms and eligibility documentation.

4.3.5 WA Data:

- WA Audit form data entry is not required.
- All relevant data inputs needed to accurately assess the house per the criteria found the WPN 22-8 Priority Lists and the priority list data collection forms.

4.4 Energy Audit: Where not specifically noted in this document Energy Audit Procedures are the same for Priority List Audit Events as for Site Specific Audit Events.

4.4.1.4 Weatherization Assistant (WA) Data Entry: The Audit form in WA is not required to be completed for Priority List Audit Events. Priority List checklists are required to be completed in the comment section of the Audit Information tab in WA. An Audit form may be utilized to generate heat load calculations if needed.

4.4.2 Measure Consideration: Unless otherwise noted in this document, measure specific requirements are the same for Priority List Audit Events as for Site Specific Audit Events.

- Air Leakage Reduction: All single family and manufactured home dwellings weatherized as Priority List Audit Events have a minimum target of one CFM per finished square foot. However, this is a minimum and should not be a limiting factor as aggressive and achievable air sealing should still be pursued in all homes. Blower door testing is still optional for Low-Rise Multifamily Priority List Audit Events. Review Mandatory Air Sealing on Form A – Region 3 for all dwellings.
- Wall Insulation: Minnesota Weatherization Service Providers can choose whether to pay for wall insulation as gross wall square footage or as net wall square footage as long as it matches their existing procurement method. Service Providers paying contractors for net wall square footage must calculate net wall square footage of any walls to be insulated in order to accurately price wall insulation.

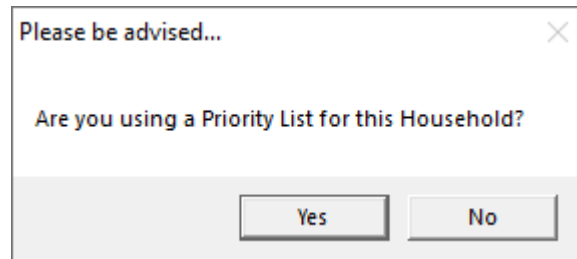
4.4.3 Work Orders:

- Priority list audit event work orders are downloaded from FACSPRO.
- Differences for Priority List Audit Events
 - Audit Events will be downloaded from FACSPRO and when Priority List is selected, the file will include dwelling and client information, required checklists, and a work order with preset measures that can be edited to create multiple work orders as needed if there are multiple vendors.
 - WA Measure Types as Priority List – Priority List Mandatory (PLM) and Priority List Optional (PLO)
 - WA reports will be adapted to track and differentiate between Priority List Audit Events and Site-Specific Audit Events.
 - Measures installed in the dwelling that use any portion of US DOE WAP funding must meet US DOE WAP rules. When applying the Priority List, any measure that is included in the dwelling that is ranked higher than the last measure with US DOE funds, the measure must meet the minimum installation requirements outlined in the appropriate priority list.

4.6 Quality Control Inspection: Where not specifically noted in this document the Quality Control Inspection (QCI) procedures are the same for Priority List Audit Events as for Site Specific Audit Events.

Priority List Process

1. Service Provider will select household (HH) in FACSPRO and create an audit event as usual however will now be asked if they are using Priority List (PL) for this Household.



2. If the answer is no, then the normal audit download file will be issued and imported into WA. Continue work as usual.
3. If the answer is yes, then a new audit file (based on housing type) will be download and imported into WA. The PL file will contain in the Audit Information tab comment section: PL Checklist, Audit Checklist, Form C Combustion Safety Checklist, and Form H Health and Safety Checklist. The file will also contain a work order with a pre-set of measures associated with the specific housing type (see below for more information).
4. For PL, the SP is responsible to complete all the information required in the Audit Information tab: Auditor, Conditioned Stories, Floor Area (sq ft), Libraries, and all the checklists that exist in the Audit Information tab comment field in WA. SPs will enter information for checklists with either an X or specific data inside the sets of parentheses ().

If SP answer is False to any question in the Priority Checklist, the SP will stop at this point, delete default PL work order, and move forward with a standard audit process.

If SP answer True to ALL questions in the Priority Checklist, then they will continue with PL process and continue completing the remaining checklists.

Checklists

Below are the checklists that are found in the comment section in the Audit Information tab. These checklists are to be filled out in their entirety.

Dwelling Eligibility for Priority List Checklists
Single Family:

FORM A SINGLE FAMILY SITE-BUILT V3.1
PRIORITY LIST CHECKLIST - REGION 3

1) True False The home is a single-family residence.

2) True False The home is 3-stories or less above grade.

3) True False The home structure is wood-framed.

4) True False The primary heating system is:
NOT a natural gas furnace with an original AFUE >= 90%.
NOT a heat pump manufactured after 2006.

5) True False Incidental Repair Measures (IRMs) paid for with DOE funds will be less than \$500. IRMs will follow the guidelines in WPN 19-4.

If you answered FALSE to ANY of the above questions, then this property is NOT eligible Priority List and you should continue with the standard NEAT audit and DELETE the Priority List work order associated with the client record. Work orders will be generated in the standard way from the NEAT audit analysis results.

If you answered TRUE to ALL the above questions, then this property IS eligible Priority List and you have the option to fill out only the audit general information tab and the AUDIT CHECKLIST below, then proceed directly to the Priority List (PL) work order associated with the client record.

AUDIT CHECKLIST

Manufactured Home:

FORM A MANUFACTURED HOME v3.0
PRIORITY LIST CHECKLIST - REGION 3

1) True False The home is a single-wide or double-wide manufactured home.

2) True False The home was manufactured before 2010.

3) True False The home has an accessible unconditioned subspace.

4) True False The home does NOT have an attached conditioned addition.

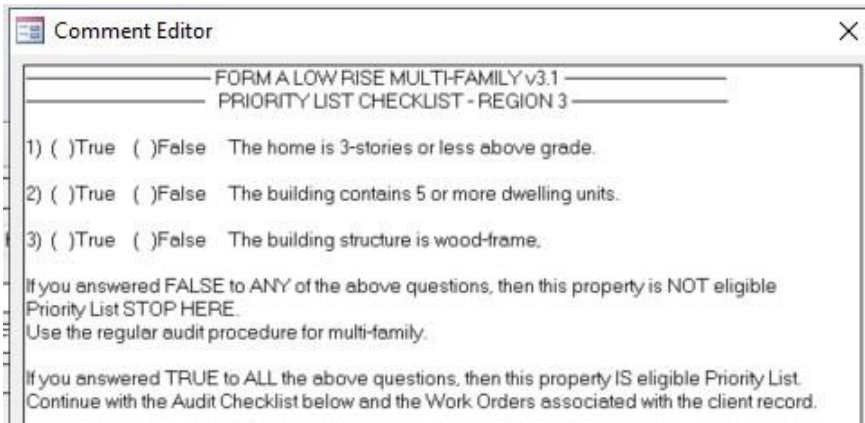
5) True False The primary heating system is NOT a natural gas furnace originally rated for >80% AFUE.

6) True False Incidental Repair Measures (IRMs) paid for with DOE funds will be less than \$500. IRMs will follow the guidelines in WPN 19-4.

If you answered FALSE to ANY of the above questions, then this property is NOT eligible Priority List and you should continue with the standard MHEA audit and DELETE the Priority List work order associated with the client record. Work orders will be generated in the standard way from the MHEA audit analysis results.

If you answered TRUE to ALL the above questions, then this property IS eligible Priority List and you have the option to fill out only the audit general information tab and the AUDIT CHECKLIST below, then proceed directly to the Priority List (PL) work order associated with the client record.

Low-Rise Multifamily:



FORM A LOW RISE MULTI-FAMILY v3.1
PRIORITY LIST CHECKLIST - REGION 3

1) True False The home is 3-stories or less above grade.

2) True False The building contains 5 or more dwelling units.

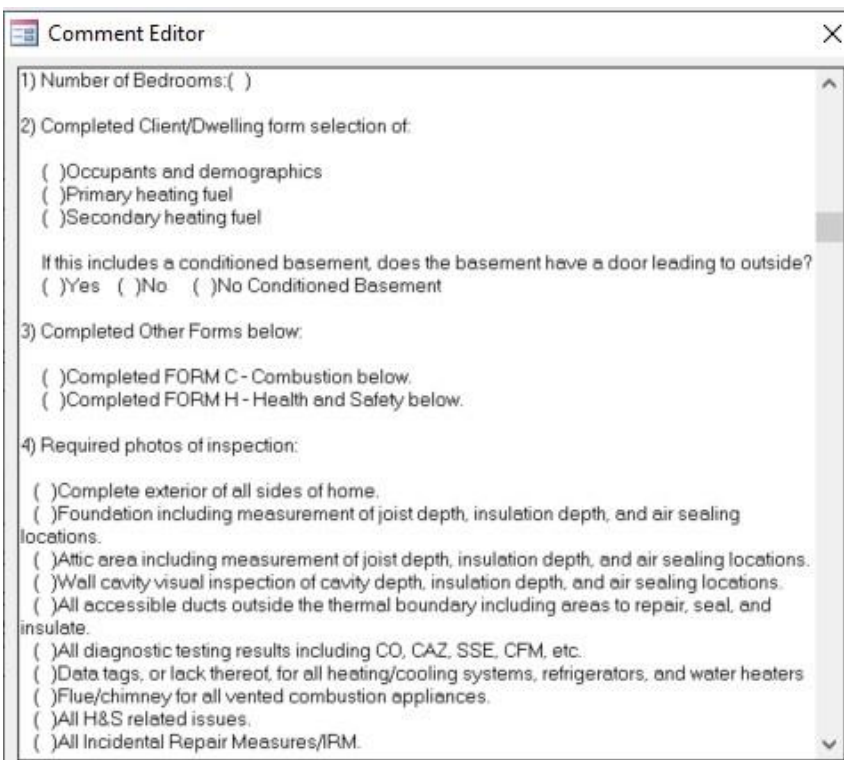
3) True False The building structure is wood-frame.

If you answered FALSE to ANY of the above questions, then this property is NOT eligible Priority List STOP HERE.
Use the regular audit procedure for multi-family.

If you answered TRUE to ALL the above questions, then this property IS eligible Priority List.
Continue with the Audit Checklist below and the Work Orders associated with the client record.

Audit Checklists

Single Family:



1) Number of Bedrooms: ()

2) Completed Client/Dwelling form selection of:

- Occupants and demographics
- Primary heating fuel
- Secondary heating fuel

If this includes a conditioned basement, does the basement have a door leading to outside?
 Yes No No Conditioned Basement

3) Completed Other Forms below:

- Completed FORM C - Combustion below.
- Completed FORM H - Health and Safety below.

4) Required photos of inspection:

- Complete exterior of all sides of home.
- Foundation including measurement of joist depth, insulation depth, and air sealing locations.
- Attic area including measurement of joist depth, insulation depth, and air sealing locations.
- Wall cavity visual inspection of cavity depth, insulation depth, and air sealing locations.
- All accessible ducts outside the thermal boundary including areas to repair, seal, and insulate.
- All diagnostic testing results including CO, CAZ, SSE, CFM, etc.
- Data tags, or lack thereof, for all heating/cooling systems, refrigerators, and water heaters
- Flue/chimney for all vented combustion appliances.
- All H&S related issues.
- All Incidental Repair Measures/IRM.

Manufactured Home:

Comment Editor

AUDIT CHECKLIST

- 1) Number of Bedrooms: ()
- 2) Completed Client/Dwelling form selection of:
 - () Occupants and demographics
 - () Primary heating fuel
 - () Secondary heating fuel
- 3) Completed Other Forms below:
 - () Completed FORM C - Combustion below.
 - () Completed FORM H - Health and Safety below.
- 4) Required photos of inspection:
 - () Complete exterior of all sides of home.
 - () Foundation including measurement of joist depth, insulation depth, and air sealing locations.
 - () Attic area including measurement of joist depth, insulation depth, and air sealing locations.
 - () Measurement of wall thickness, and air sealing locations in the walls.
 - () All accessible ducts including areas to repair and seal.
 - () All diagnostic testing results including CO, CAZ, SSE, CFM, etc.
 - () Data tags, or lack thereof, for all heating/cooling systems, refrigerators, and water heaters
 - () Flue/chimney for all vented combustion appliances.
 - () All H&S related issues.
 - () All Incidental Repair Measures/IRM.

Low-Rise Multifamily:

Comment Editor

AUDIT CHECKLIST

AUDIT CHECKLIST

- 1) Is this checklist for a single building?
 - () No
 - () No. How many buildings are to be considered for this checklist: ()
- 2) Number of dwelling units per building: ()
- 3) Unit types and #:
 - 1BR unit/building: ()
 - 2BR unit/building: ()
 - 3BR unit/building: ()
 - 4BR unit/building: ()
 - Total number of dwelling units considered for this checklist: ()
 - Total number of WAP eligible units: ()
 - Percentage of building eligible: ()
- 4) Completed Client/Dwelling form selection of:
 - () Primary heating fuel
 - () Secondary heating fuel
- 5) Completed Other Forms below:
 - () Completed FORM C - Combustion below.
 - Total # of units tested: () one FORM C section (copy and paste) per dwelling
 - () Completed FORM H - Health and Safety below.
 - Total # of units inspected: () one FORM H section (copy and paste) per dwelling

- 6) Required photos of inspection:
- Complete exterior of all sides of home.
 - Foundation including measurement of joist depth, insulation depth, and air sealing locations.
 - Attic area including measurement of joist depth, insulation depth, and air sealing locations.
 - Wall cavity visual inspection of cavity depth, insulation depth, and air sealing locations.
 - All accessible ducts outside the thermal boundary including areas to repair, seal, and insulate.
 - All diagnostic testing results including CO, CAZ, SSE, CFM, etc.
 - Data tags, or lack thereof, for all heating/cooling systems, refrigerators, and water heaters.
 - Flue/chimney for all vented combustion appliances.
 - All H&S related issues.
 - All Incidental Repair Measures/IRM.

Form C Checklist – Combustion Safety
Single Family:

Comment Editor X

FORM C SINGLE FAMILY SITE-BUILT
COMBUSTION SAFETY CHECKLIST V3.0
ANSI BPI-1200-S-2017

1) Testing performed by:() Date:()

Are there any combustion appliances in the conditioned or unconditioned spaces of the home?
This includes any outdoor combustion packaged units.

Yes Total #:() Complete this FORM C. If more than 1 CAZ exists in the home make multiple copies of section 6 below as needed.

No Proceed with Audit Checklist. No FORM C is required.

2) Which combustion appliances are present in the home? Check all that apply:

- Gas range and/or stovetop.
- Induced draft furnace or boiler, Category I, 80%+.
- Natural draft water heater, Category I.
- Solid fuel stove, wood, pellet, coal, etc.
- Natural draft furnace or boiler, Category I, 70%+.
- Sealed combustion furnace or boiler, Category IV, 90%+.
- Power-vented water heater, Category III.
- Vented liquid-fueled wall/space heater, gas, oil, etc.
- Other:()

3) Unvented combustion fueled space heaters are present in the home: () Yes () No
 If YES, () Unvented space heaters satisfy requirements of WPN 22-7 and may remain in the home
 () Unvented space heaters must be removed prior to weatherization, # to remove: ()

4) Did fuel leak testing reveal any fuel leaks?
 () Yes Locations: ()
 () No

5) Ambient Carbon Monoxide, CO, result for the space being tested: As measured CO: () PPM
 If CO > 8 ppm, what appears to be the source: ()?
 Any action taken?
 () No
 () Yes Actions: ()

6) Was Worst-case Combustion Appliance Zone (CAZ) Depressurization tests performed?
 Copy/Paste/Fill-in one Section below for each CAZ test.

() Yes Describe Worst-Case dwelling CAZ setup/location: ()
 () No spillage was detected at worst-case for any appliances in the CAZ
 () Worst-case spillage test failed for 1 or more appliances in the CAZ
 Which appliances failed: ()
 Possible causes: ()

() No. The reason is:
 () No Category I vented appliances are in the home.
 () Other: ()

7) Diagnostic Testing Results in Chimney/Flue or at Termination:

Appliance: () Air Free CO Measurement () ppm SSE Measurement () %
 Appliance: () Air Free CO Measurement () ppm SSE Measurement () %
 Appliance: () Air Free CO Measurement () ppm SSE Measurement () %

8) CO testing results of gas range and/or stovetop, leave blank if none

Oven: () ppm Stove burners: 1 () ppm 2 () ppm 3 () ppm 4 () ppm

9) Chimney/Flue Visual Inspection and other CAZ related notes: ()

10) Required Photo Checklist

() All combustion appliances, chimney/flues, and data plates.
 () All diagnostic testing results, CO, SSE, Depressurization, etc.
 () Any repairs necessary or required.

Manufactured Home:

FORM C MANUFACTURED HOME
COMBUSTION SAFETY CHECKLIST V3.0
ANSI BPI-1200-S-2017

1) Testing performed by: () Date: ()

Are there any combustion appliances in the conditioned or unconditioned spaces of the home?
This includes any outdoor combustion packaged units.

() Yes Total #: () Complete this FORM C. If more than 1 CAZ exists in the home make multiple copies of section 6 below as needed.

() No Proceed with Audit Checklist. No FORM C is required.

2) Which combustion appliances are present in the home? Check all that apply:

() Gas range and/or stovetop.
 () Induced draft furnace or boiler, Category I, 80%+.
 () Natural draft water heater, Category I.
 () Solid fuel stove, wood, pellet, coal, etc.
 () Natural draft furnace or boiler, Category I, 70%+.
 () Sealed combustion furnace or boiler, Category IV, 90%+.
 () Power-vented water heater, Category III.
 () Vented liquid-fueled wall/space heater, gas, oil, etc.

() Other: ()

3) Unvented combustion fueled space heaters are present in the home: () Yes () No
If Yes, ALL unvented space heaters must be removed prior to weatherization, # to remove: ()

4) Did fuel leak testing reveal any fuel leaks?
() Yes Locations: ()
() No

5) Ambient Carbon Monoxide, CO, result for the space being tested: As measured CO: () PPM
If CO > 8 ppm, what appears to be the source: ()?
Any action taken?
() No
() Yes Actions: ()

6) Was Worst-case Combustion Appliance Zone (CAZ) Depressurization tests performed?
Copy/Paste/Fill-in one Section 6 below for each CAZ test

() Yes Describe Worst-Case dwelling CAZ setup/location: (Kitchen)
 () No spillage was detected at worst-case for any appliances in the CAZ
 () Worst-case spillage test failed for 1 or more appliances in the CAZ
 Which appliances failed: ()
 Possible causes: ()

() No. The reason is:
 () No Category I vented appliances are in the home.
 () Other: ()

7) Diagnostic Testing Results in Chimney/Flue or at Termination:

Appliance: () Air Free CO Measurement () ppm SSE Measurement () %
 Appliance: () Air Free CO Measurement () ppm SSE Measurement () %
 Appliance: () Air Free CO Measurement () ppm SSE Measurement () %

8) CO testing results of gas range and/or stovetop, leave blank if none

Oven: () ppm Stove burners: 1 () ppm 2 () ppm 3 () ppm 4 () ppm

9) Chimney/Flue Visual Inspection and other CAZ related notes: ()

10) Required Photo Checklist

() All combustion appliances, chimney/flues, and data plates.
 () All diagnostic testing results, CO, SSE, Depressurization, etc.
 () Any repairs necessary or required.

Low-Rise Multifamily:

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FORM C LOW RISE MULTI-FAMILY
COMBUSTION SAFETY CHECKLIST V3.0
ANSI BPI-1200-S-2017

Copy and paste one copy of this FORM C section for each Dwelling Unit:

1) Dwelling unit number:() Testing performed by:() Date:()

Are there any combustion appliances in the conditioned or unconditioned spaces of the home?
This includes any outdoor combustion packaged units.

() Yes Total #:() Complete this FORM C. If more than 1 CAZ exists in the dwelling unit make multiple copies of section 6 below as needed.

() No Proceed with Audit Checklist. No FORM C is required.

2) Which combustion appliances are present in the home? Check all that apply:

() Gas range and/or stovetop.
 () Induced draft furnace or boiler, Category I, 80%+.
 () Natural draft water heater, Category I.
 () Gas Dryer.
 () Natural draft furnace or boiler, Category I, 70%+.
 () Sealed combustion furnace or boiler, Category IV, 90%+.
 () Power-vented water heater, Category III.
 () Other:()

3) Unvented combustion fueled space heaters are present in the home: () Yes () No
If YES, () Unvented space heaters satisfy requirements of WPN 22-7 and may remain in the home
() Unvented space heaters must be removed prior to weatherization, # to remove:()

4) Did fuel leak testing reveal any fuel leaks?
() Yes Locations:()
() No

5) Ambient Carbon Monoxide, CO, result for the space being tested: As measured CO:() PPM
If CO > 8 ppm, what appears to be the source:()?
Any action taken?
() No
() Yes Actions:()

6) Was Worst-case Combustion Appliance Zone (CAZ) Depressurization tests performed?
Copy/Paste/Fill-in one Section below for each CAZ test

() Yes Describe Worst-Case dwelling CAZ setup/location:()
 () No spillage was detected at worst-case for any appliances in the CAZ
 () Worst-case spillage test failed for 1 or more appliances in the CAZ
 Which appliances failed:()
 Possible causes:()

() No. The reason is:
 () No Category I vented appliances are in the home.
 () Other:()

7) Diagnostic Testing Results in Chimney/Flue or at Termination:
 Appliance: () Air Free CO Measurement () ppm SSE Measurement () %
 Appliance: () Air Free CO Measurement () ppm SSE Measurement () %
 Appliance: () Air Free CO Measurement () ppm SSE Measurement () %

8) CO testing results of gas range and/or stovetop, leave blank if none
 Oven: () ppm Stove burners: 1 () ppm 2 () ppm 3 () ppm 4 () ppm

9) Chimney/Flue Visual Inspection and other CAZ related notes: ()

10) Required Photo Checklist:
 () All combustion appliances, chimney/flues, and data plates.
 () All diagnostic testing results, CO, SSE, Depressurization, etc.
 () Any repairs necessary or required.

Form H Checklist – Health and Safety
 Single Family

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FORM H SINGLE FAMILY SITE-BUILT
 HOME HEALTH & SAFETY CHECKLIST V3.0

1) H&S inspection performed by: () Date: ()

2) Does the dwelling have operable smoke alarms in all locations required by the Grantee?
 () Yes () No New smoke alarms needed in: ()

3) Does the dwelling have operable carbon monoxide (CO) alarms in the vicinity of all sleeping areas and on each occupiable level as required by ASHRAE 62.2?
 () Yes () No New CO alarm(s) needed in: ()

4) ASHRAE 62.2 Ventilation Data Collection:
 4.1) Total Conditioned Floor area: () ft²
 4.2) Vertical Distance of the pressure boundary: () ft
 4.3) # of Bedrooms: () # of Occupants: () # of Full Baths: ()
 4.4) Operable windows present in () Kitchen () Bath 1 () Bath 2 () Bath 3
 4.5) Is there an operational and vented kitchen fan?
 () Yes Measured fan flow: () CFM
 () Fan is vented directly to outside
 () Fan is vented to an unconditioned space, e.g. unfinished attic
 () No

4.6) Are there existing and operational fans in any full bathrooms?
 Yes Fans located in Bath 1 Bath 2 Bath 3
 Measured fan flows: Bath 1:()CFM Bath 2:()CFM Bath 3:()CFM
 Fans vented directly to outdoors in Bath 1 Bath 2 Bath 3
 Fans vented to unconditioned space in Bath 1 Bath 2 Bath 3
 No

4.7) Target blower door, if known:()CFM50

4.8) Final blower door, if known:() CFM50

4.9) Continuous ventilation required:()CFM

5) Other observed health & safety issues
 Describe each condition and include photos. Add additional pages as needed.

Lead:()
 Suspected Asbestos:()
 Pests:()
 Water heater issues:()
 Combustion appliance issues:()
 Electrical issues:()
 Moisture issues:()
 Occupant Health Concerns:()
 Radon precautionary measures needed:()
 Other:()
 Other:()
 Other:()

Manufactured Home:

Comment Editor

FORM H MANUFACTURED HOME
 HOME HEALTH & SAFETY CHECKLIST V3.0

1) H&S inspection performed by:() Date:()

2) Does the dwelling have operable smoke alarms in all locations required by the Grantee?
 Yes No New smoke alarms needed in:()

3) Does the dwelling have operable carbon monoxide (CO) alarms in the vicinity of all sleeping areas and on each occupiable level as required by ASHRAE 62.2?
 Yes No New CO alarm(s) needed in:()

4) ASHRAE 62.2 Ventilation Data Collection:

4.1) Total Conditioned Floor area:()ft²

4.2) Vertical Distance of the pressure boundary:()ft

4.3) # of Bedrooms:() # of Occupants:() # of Full Baths:()

4.4) Operable windows present in Kitchen Bath 1 Bath 2 Bath 3

4.5) Is there an operational and vented kitchen fan?
 Yes Measured fan flow:()CFM
 Fan is vented directly to outside
 Fan is vented to an unconditioned space, e.g. unfinished attic
 No

4.6) Are there existing and operational fans in any full bathrooms?
 Yes Fans located in Bath 1 Bath 2 Bath 3
 Measured fan flows: Bath 1:()CFM Bath 2:()CFM Bath 3:()CFM
 Fans vented directly to outdoors in Bath 1 Bath 2 Bath 3
 Fans vented to unconditioned space in Bath 1 Bath 2 Bath 3
 No

4.7) Target blower door, if known:()CFM50

4.8) Final blower door, if known:()CFM50

4.9) Continuous ventilation required:()CFM

5) Other observed health & safety issues
 Describe each condition and include photos. Add additional pages as needed.

Lead:()
 Suspected Asbestos:()
 Pests:()
 Water heater issues:()
 Combustion appliance issues:()
 Electrical issues:()
 Moisture issues:()
 Occupant Health Concerns:()
 Radon precautionary measures needed:()
 Other:()
 Other:()
 Other:()

Low-Rise Multifamily:

Comment Editor

FORM H LOW RISE MULTI-FAMILY
 HOME HEALTH & SAFETY CHECKLIST V3.0

Copy and paste one copy of this FORM H section for each Dwelling Unit:

1) Dwelling unit number:() H&S inspection performed by:() Date:()

2) Does the dwelling have operable smoke alarms in all locations required by the Grantee?
 Yes No New smoke alarms needed in:()

3) Does the dwelling have operable carbon monoxide (CO) alarms in the vicinity of all sleeping areas and on each occupiable level as required by ASHRAE 62.2?
 Yes No New CO alarm(s) needed in:()

4) ASHRAE 62.2 Ventilation Data Collection:

4.1) Total Conditioned Floor area:()ft²

4.2) Vertical Distance of the pressure boundary:()ft

4.3) # of Bedrooms:() # of Occupants:() # of Full Baths:()

4.4) Operable windows present in Kitchen Bath 1 Bath 2 Bath 3

4.5) Is there an operational and vented kitchen fan?
 Yes Measured fan flow:()CFM
 Fan is vented directly to outside
 Fan is vented to an unconditioned space, e.g. unfinished attic
 No

4.6) Are there existing and operational fans in any full bathrooms?
 Yes Fans located in Bath 1 Bath 2 Bath 3
 Measured fan flows: Bath 1:()CFM Bath 2:()CFM Bath 3:()CFM
 Fans vented directly to outdoors in Bath 1 Bath 2 Bath 3
 Fans vented to unconditioned space in Bath 1 Bath 2 Bath 3
 No

4.7) Target blower door, if known:()CFM50

4.8) Final blower door, if known:() CFM50

4.9) Continuous ventilation required:()CFM

5) Other observed health & safety issues
 Describe each condition and include photos. Add additional pages as needed.

Lead:()
 Suspected Asbestos:()
 Pests:()
 Water heater issues:()
 Combustion appliance issues:()
 Electrical issues:()
 Moisture issues:()
 Occupant Health Concerns:()
 Radon precautionary measures needed:()
 Other:()
 Other:()
 Other:()

Work Orders

Once the SP has completed the checklists in WA, they will move to the work order tab in WA.

Work orders are automatically populated with the download. Measures can be copied to a new work order so it can be created if there are multiple trades and vendors associated with the job. The SP is required to go through all measures and properly document any details around the measure, appropriate quantities and/or measurements, and estimated costs (whether set price or bid). If a measure is not completed because it physically cannot be done or is optional, the SP is to properly document and inactivate the measure in WA.

Note: If you have an Incidental Repair Measure (IRM), you are able to add this measure from the Measure Type drop list as an optional measure on the work order. This measure does not automatically generate with the rest of the measures from FACSPRO.

Measure Type	▼
Measure Name	PLM Health and Safety
Components	PLM LEDs
Cost Center	PLM Air Seal
Materials/Labor	PLM Duct Repair and Seal
	PLM Duct Insulation
Order #	PLM Ceiling Insulation
Components	PLM Wall Insulation
Description	PLM MH Windows
Units+	PLM Floor/Belly/Foundation Insulation
MATERIAL 0	PLM Incidental Repairs
	PLM DWH Measure
	PLM Refrigerator
	PLM LRFMF Tube LEDs
	PLM Primary System Replacement

All statuses are required per MN WAP policy and all work is required to be completed as usual in accordance with SWS and other applicable codes and requirements.

Work Orders by Dwelling Type
Single Family:

Work Order

WO **PRIORITY LIST** Client ID 484347 SFSB Client Name PERSON, TEST Alt. Client ID

Work Order Information Status Measures (11)

#	Measure Name	Active	Type	Components	Cost Center
01	Health and Safety	<input checked="" type="checkbox"/>	PLM Health and Safety		
02	LED Lighting	<input checked="" type="checkbox"/>	PLM LEDs		
03	Air Sealing	<input checked="" type="checkbox"/>	PLM Air Seal		
04	Duct Repair and Sealing	<input checked="" type="checkbox"/>	PLM Duct Repair and Seal		
05	Duct Insulation	<input checked="" type="checkbox"/>	PLM Duct Insulation		
06	Ceiling Insulation	<input checked="" type="checkbox"/>	PLM Ceiling Insulation		
07	Wall Insulation	<input checked="" type="checkbox"/>	PLM Wall Insulation		
08	Floor Insulation	<input checked="" type="checkbox"/>	PLM Floor/Belly/Foundation Insulation		
09	General Heat Waste Reduction Optional	<input checked="" type="checkbox"/>	PLO DWH Measure		
10	Refrigerator Optional	<input checked="" type="checkbox"/>	PLO Refrigerator		
11	HVAC System Replacements Optional	<input checked="" type="checkbox"/>	PLO Primary System Replacement		

Record: 12 of 12 No Filter Search

Manufactured Home:

Work Order

WO **PRIORITY LIST** Client ID 755922 MH Client Name SMITH, JOHN Alt. Client ID

Work Order Information Status Measures (10)

#	Measure Name	Active	Type	Components	Cost Center
01	Health and Safety	<input checked="" type="checkbox"/>	PLM Health and Safety		
02	LED Lighting	<input checked="" type="checkbox"/>	PLM LEDs		
03	Air Sealing	<input checked="" type="checkbox"/>	PLM Air Seal		
04	Duct Repair and Sealing	<input checked="" type="checkbox"/>	PLM Duct Repair and Seal		
05	Ceiling Insulation	<input checked="" type="checkbox"/>	PLM Ceiling Insulation		
06	Floor/Belly Insulation	<input checked="" type="checkbox"/>	PLM Floor/Belly/Foundation Insulation		
07	Window Replacement	<input checked="" type="checkbox"/>	PLM MH Windows		
08	General Heat Waste Reduction Optional	<input checked="" type="checkbox"/>	PLO DWH Measure		
09	Refrigerator Optional	<input checked="" type="checkbox"/>	PLO Refrigerator		
10	Primary HVAC System Replacements Optional	<input checked="" type="checkbox"/>	PLO Primary System Replacement		

Record: 11 of 11 No Filter Search

Low-Rise Multifamily:

Work Order

WO **PRIORITY LIST** Client ID 4453345 LRMF Client Name LastName, FirstName Alt. Client ID

Work Order Information Status Measures (12)

#	Measure Name	Active	Type	Components	Cost Center
01	Health and Safety	<input checked="" type="checkbox"/>	PLM Health and Safety		
02	LED Lighting	<input checked="" type="checkbox"/>	PLM LEDs		
03	Air Sealing	<input checked="" type="checkbox"/>	PLM Air Seal		
04	Duct Repair and Seal	<input checked="" type="checkbox"/>	PLM Duct Repair and Seal		
05	Duct Insulation	<input checked="" type="checkbox"/>	PLM Duct Insulation		
06	Ceiling Insulation	<input checked="" type="checkbox"/>	PLM Ceiling Insulation		
07	Wall Insulation	<input checked="" type="checkbox"/>	PLM Wall Insulation		
08	Floor Insulation	<input checked="" type="checkbox"/>	PLM Floor/Belly/Foundation Insulation		
09	General Heat Waste Reduction Optional	<input checked="" type="checkbox"/>	PLO DWH Measure		
10	Refrigerator Optional	<input checked="" type="checkbox"/>	PLO Refrigerator		
11	LED Tube Replacement Optional	<input checked="" type="checkbox"/>	PLO LRMF Tube LEDs		
12	HVAC System Replacements Optional	<input checked="" type="checkbox"/>	PLO Primary System Replacement		

Record: 13 of 13 No Filter Search