

AHFC Wx Field Monitoring Checklist

House #: _____

Wx Agency: _____

Accompanied by: _____

Date: _____ Job #: _____

Client Last Name: _____

Location or address: _____

Home description: _____

Is this house funded by DOE or State?

AHFC Decal: _____ Year Built: _____

Post Inspection Checklist in file? YES or NO

1. Lead Safe / Certified Renovator

Pre-1978 house: YES or NO

1. Was lead present at above EPA permissible level: YES or NO

Comments: _____

2. Funding source of the house: _____

3. All proper RRP – LSW documentation located in the Client file:

- | | | | |
|------------------------|------------------|----------------------------|------------------|
| • Firm Certification | YES or NO | Lead Test results | YES or NO |
| • Lead pamphlet signed | YES or NO | Renovate Right Credentials | YES or NO |

2. SHPO

Is the house over 45 years old: (pre 1973) YES or NO

1. Were proper SHPO documents filed with SHPO for review? YES or NO

2. Were SHPO documents and work approved by SHPO representative? YES or NO

3. Are SHPO documents in client file? YES or NO

Comments: _____

3. Blower Door/AkWarm Testing Numbers:

1. Pre-BD test: _____ Post-BD test: _____ AkWarm report: As-Is _____ Post _____

Comments: _____

4. Ventilation

1. **Did bath fans receive a Flow Test? YES or NO** Fan flow test figure #1 _____

Method used to determine Whole House Ventilation Requirements. #2 _____

- Option #1: ASHRAE 62.2 2016 _____

- Option #2: ventilation chart _____

2. **Ventilation items installed:**

HRV: _____ Bath fans: _____ Range vents: _____ Other fresh air: _____

Comments: _____

3. **CAZ Testing results:** Pre ____ Post ____ Type & category of heating system ____ Depressurization limits ____

Comments: _____

5. Insulation added to:

Attic: _____ Wall: _____ Floor: _____ Rim Joists: _____ Crawl Space/Foundation: _____ Basement: _____

Comments: _____

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6. Airsealed (foam, weather-strip, other insulation material, etc.): Record Zonal pressure differences

Attic: _____ Basement/Crawl: _____ Doors/Win: _____ Floor: _____ Outlets: _____ Other: _____

Comments: _____

7. Heating System: *(circle one)*

Fuel type: _____ C&T: _____ Repaired: **major** or **minor** Replaced: _____

Comments: _____

8. Water heater: *(circle one)*

Fuel type: _____ C&T: _____ Repaired: **major** or **minor** Replaced: _____

Comments: _____

9. Doors:

Replaced qty: _____ Repaired qty: _____ Wx stripped: _____ Airsealed: _____

Comments: _____

10. Windows:

Replaced qty: _____ Repaired qty: _____ Wx stripped: _____ Airsealed: _____

Comments: _____

11. Types of Combustion appliances:

Stove/range: _____ HWH: _____ Heating sys: _____ Woodstove: _____ Fireplace: _____ Other: _____

Comments: _____

12. Health & Safety items installed:

CO detectors: _____ Smoke Detectors: _____ Fire ext: _____ Other safe/unsafe cond: _____

Comments: _____

13. Other work / repairs completed to:

Steps: _____ Floors: _____ Walls: _____ Roofs: _____ Chimneys: _____ Other: _____

Comments: _____

14. Low flow shower spray head: Installed: **YES or NO**

15. Refrigerator metered: **YES or NO** **Installed new refrigerator:** **YES or NO**

16. Materials used:

Mat'l list provided: _____ Prices listed: _____ Mat'l quality: _____ Install good: _____

Comments: _____

17. CFL, LED and/or T8 bulbs installed:

CFL _____, LED _____ and/or T8's: _____, throughout house: **YES or NO**

18. Client Education:

Pre class: _____ Post class: _____ Lead Safe: _____

Did all measures meet an SIR of 1? **YES or NO**

Were Health & Safety measures justified? **YES or NO**

Comments: _____