

Agency WX Post Measures Checklist

Client's last name: _____ WX #: _____ Date: _____

Inspector's name: _____

Sections 1-4 are MANDATORY WX Items

- 1. CO detectors:** *Circle Answer*
- | | | |
|--|-----|----|
| a. Do CO monitors installed meet WOM standards | YES | NO |
| b. How many CO's installed in unit? _____ | | |
| c. CO's tested for Peak Level reading | YES | NO |
| d. Is Replace By Date written on detector(s) | YES | NO |
- 2. Smoke detectors (SD):**
- | | | |
|--|-----|----|
| a. Do smoke detectors installed meet WOM standards | YES | NO |
| b. Are they mounted at proper location (per installation instructions) | YES | NO |
| c. Is Replace By Date written on detector(s) | YES | NO |
| d. Were all resident SD's date inspected for proper dates, if not replaced | YES | NO |
- 3. Diagnostic testing:**
- | | | | |
|---|-----|----|----|
| a. Was a Combustion Safety test completed | YES | NO | NA |
| b. Were the CO producing appliances tested, did they meet WOM standards | YES | NO | NA |
| c. Have the Blower Door Pre and Post been completed | YES | NO | NA |
| d. Were ducts tested | YES | NO | NA |
- 4. Mechanical Ventilation:**
- | | | | |
|---|-----|----|----|
| a. Was mechanical ventilation installed | YES | NO | NA |
| b. Circle one or more: bath fan range vent house fan other _____ | | | |
| c. Is the bath fan(s) on a: sensor smart switch de-humidistat on-off switch | | | |
| d. Was fan(s) installed to WOM standards | YES | NO | NA |
| e. If not replacing bath fan(s), are they ducted to exterior | YES | NO | NA |
| f. If NO, was an exception documented in file | YES | NO | NA |
| g. Was the Whole House fan flow tested | YES | NO | NA |
| h. Was a range hood fan installed over gas combustion range per WOM standards | YES | NO | NA |
| i. Dryer ducts installed to WOM standards | YES | NO | NA |
| j. Exterior terminations for fans & dryer per WOM standards | YES | NO | NA |
- Comments: _____
- 5. Heat System (HS):**
- | | | | |
|--|-----|----|----|
| a. Was HS replaced | YES | NO | NA |
| b. If yes, is it to WOM standards | YES | NO | NA |
| c. If not replaced, did HS receive a C&T | YES | NO | NA |
| d. If yes, was C&T checklist completed | YES | NO | NA |
- 6. Hot Water System:**
- | | | | |
|---|-----|----|----|
| a. Was HWS replaced | YES | NO | NA |
| b. If yes, is it to WOM standards | YES | NO | NA |
| c. If electric HWS tank, did it receive an insulation blanket | YES | NO | NA |
| d. Were water pipes insulation wrapped per WOM standards | YES | NO | NA |
- 7. Attic Insulation:**
- | | | | |
|--|-----|----|----|
| a. Is it installed in a uniform manner | YES | NO | NA |
| b. Are heated chimney pipes dammed per WOM standards | YES | NO | NA |
| c. Are there photos of completed insulation dam in client file | YES | NO | NA |
| d. Is the attic hatch insulated and NOT sealed until after Post inspection | YES | NO | NA |

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- e. Is insulation certificate posted per WOM standards YES NO NA
- f. Were depth markers used or bag count for proper blow-in YES NO NA
- g. Were baffles installed per WOM standards YES NO NA

Comments: _____

8. Building Envelope Air-Sealing:

- a. Was the attic air-sealed prior to new insulation being installed YES NO NA
- b. Was the floor air-sealed YES NO NA
- c. Was the blower door used to assist in air-sealing YES NO NA
- d. If there are cantilever floors were they air-sealed & insulated YES NO NA

Comments: _____

9. Crawl Space (CS) and Basement:

- a. Is CS **CONDITIONED** or **UNCONDITIONED** space **(Circle one.)**
- b. Is ground vapor barrier (GVB) installed per WOM standards YES NO NA
- c. If conditioned, was insulation installed at foundation perimeter walls per WOM YES NO NA
- d. If conditioned, were rim joists insulated per WOM standards YES NO NA
- e. If unconditioned, was floor insulated per WOM standards YES NO NA
- f. If unconditioned, were water pipes insulation wrapped per WOM standards YES NO NA

Comments: _____

10. Doors, Windows, Roofs and other measures: *(Photo required for door and window replacements per WOM.)*

- a. If doors replaced, were they done to WOM standards: YES NO NA
- b. If windows replaced, were they done to WOM standards: YES NO NA
- c. Was roof repaired or replaced , was it done to WOM standards: YES NO NA
- d. Other WX shell measures _____

Comments: _____

11. Egress items:

- a. If egress items installed, were they to WOM standards YES NO NA

Comments: _____

12. Moisture Control:

- a. ROOF: Flashings / gutters installed per WOM standards YES NO NA
- b. Doors: Flashings installed per WOM standards YES NO NA
- c. Crawl space: GVB / sump pumps installed per WOM standards YES NO NA

Comments: _____

13. Energy Efficient items:

- a. Were CFL or LED light bulbs and / or fixtures installed YES NO NA
- b. Were low flow shower heads installed YES NO NA
- c. Were low flow faucet (kitchen and bathroom) aerators installed YES NO NA
- d. Were refrigerators metered YES NO NA
- e. Was a new refrigerator installed YES NO NA

Comments: _____

14. Close out Documentation:

- a. All required RRP, Certified Renovator documents in file (if needed) YES NO NA
- b. All required SHPO documents in file (if needed) YES NO NA
- c. Materials list with all costs listed (materials, labor, freight, other) YES NO NA
- d. Weatherization As-Is with As-Is IOR and Post AK Warm reports YES NO NA
- e. All manuals for installed items left with resident YES NO NA

Comments: _____