

LIHEAP Final Inspection

Client Name: _____

Job # _____

Date: ____/____/____

| | | | |
|--|--------------------|--------------------------|---------------|
| Heating System Replacement: | Is cost justified? | Health & Safety | Pre Condition |
| New Type and Model: | YES NO | <input type="checkbox"/> | _____ |
| <hr/> | | | |
| Heating System Intake/Exhaust Replacement: | Is cost justified? | | |
| Stacks and other related parts: | YES NO | | |
| _____ | | | |
| _____ | | | |
| <hr/> | | | |
| Water Heating Systems: | Is cost justified? | Health & Safety | Pre Condition |
| New Type and Model | YES NO | <input type="checkbox"/> | _____ |
| _____ | | | |
| <hr/> | | | |
| Water Heating System Intake/Exhaust Replacement: | Is cost justified? | | |
| Stacks and other related parts: | YES NO | | |
| _____ | | | |
| <hr/> | | | |
| Clean Tune and Repair of Heating and Water Heating Systems: | Is Cost Justified? | | Pre Condition |
| _____ | YES NO | | _____ |
| _____ | | | |
| _____ | | | |
| <hr/> | | | |
| Wall insulation wrap + residing and paint | Is Cost Justified? | | |
| _____ | YES NO | | |
| _____ | YES NO | | |
| _____ | YES NO | | |
| Other tasks that are not specified above | YES NO | | |
| _____ | YES NO | | |
| _____ | YES NO | | |