Agency WX Post Measures Checklist

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

Inspector's name: _____

This is a checklist form that should be in the client file for all funding sources to acknowledge items completed and diagnostics recorded.

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

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: _____