AHFC Wx Field Monitoring Checklist

This form can be used with all funding sources as a quick resource when on site for inspection. This form is used for final inspections of state and LIHEAP funded projects.

Wx Agency: _____ **Accompanied by:** _____

Date:_____ **House #**___ **Job #:** _____ **Client Last Name:** _____

Location or address: _____ **Home description:** _____

Is this house funded by DOE or State? **Job Assessment form in file?** **YES or NO**

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: 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 points: 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:** Drafting_____ Type of heating system ____ Depressurization limits ____

Comments: _____

5. Insulation added to:

Attic: _____ Wall: _____ Floor: _____ Rim Joists: _____ Crawl Space/Found: _____ 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 H&S measures justified? YES or NO**

Comments: _____

_____

_____