

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. # of smoke detectors installed _____
- c. Are they mounted at proper location (per installation instructions) YES NO
- d. Is Replace By Date written on detector(s) YES NO
- e. 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? **Record CAZ worst case Pre: _____ Post: _____** YES NO NA
- b. Were the CO producing appliances tested, did they meet WOM standards YES NO NA
- c. Have the Blower Door B-T-L, Pre and Post been completed YES NO NA
- d. Were ducts tested YES NO NA
- e. Did you do Zonal pressure testing..... YES NO NA
- Attic - WRT house Pre _____ Post _____ N/A
- Crawlspace - WRT house Pre _____ Post _____ N/A
- Garage - WRT house Pre _____ Post _____ N/A
- Other - WRT house Pre _____ Post _____ N/A
- 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. Were all exhaust fans flow tested? **Record CFM Pre 1: _____ Pre 2: _____ Post 1: _____ Post 2: _____**
- f. If not replacing bath fan(s), are they ducted to exterior YES NO NA
- g. If NO, was an exception documented in file 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

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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 LSW, 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: _____