

House #: \_\_\_\_\_

**AHFC Wx Field Monitoring Checklist**

Wx Agency: \_\_\_\_\_

Accompanied by: \_\_\_\_\_

Date: \_\_\_\_\_

Job #: \_\_\_\_\_

Client Last Name: \_\_\_\_\_

Location or address: \_\_\_\_\_

House description: \_\_\_\_\_

Is this house funded by DOE or State?

AHFC Decal: \_\_\_\_\_

Post Inspection Checklist in file? YES or NO

Year Built: \_\_\_\_\_

**Lead Safe / Certified Renovator Section**

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

**SHPO Section**

Is the house over 45 years old: YES or NO      *If YES, answer the following questions:*

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: \_\_\_\_\_

**Blower door/AKwarm Testing numbers:**

1. Target BD: \_\_\_\_\_ Pre-BD test: \_\_\_\_\_ Post-BD test: \_\_\_\_\_ AK Warm report: Pre \_\_\_\_\_ Post \_\_\_\_\_  
Comment: \_\_\_\_\_

2. Did all measures meet an SIR of 1? YES or NO

3. Were Health & Safety measures justified YES or NO

**Ventilation**

4. 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 2010 \_\_\_\_\_
- Option #2: ventilation chart \_\_\_\_\_

5. Ventilation items installed:

HRV: \_\_\_\_\_ Bath fans: \_\_\_\_\_ Range vents: \_\_\_\_\_ Other fresh air: \_\_\_\_\_

Comments: \_\_\_\_\_

6. CAZ Testing results: Pre \_\_\_\_\_ Post \_\_\_\_\_ Type & category of heating system \_\_\_\_\_ Depressurization limits \_\_\_\_\_

**7. Insulation added to:**

Attic: \_\_\_\_ Wall: \_\_\_\_ Floor: \_\_\_\_ Rim Joists: \_\_\_\_\_ Crawl Space/Found: \_\_\_\_ Basement: \_\_\_\_  
Comments: \_\_\_\_\_

**8. Airsealed** (foam, weather-strip, other insulation material, etc):

Attic: \_\_\_\_ Basem't/Crawl: \_\_\_\_ Doors/Win: \_\_\_\_ Floor: \_\_\_\_ Outlets: \_\_\_\_ Other: \_\_\_\_  
Comments: \_\_\_\_\_

**9. Heating System:**

Fuel type: \_\_\_\_\_ C&T: \_\_\_\_ Repaired: **major** or **minor** Replaced: \_\_\_\_  
*(circle one)*  
Comments: \_\_\_\_\_

**10. Water heater:**

Fuel type: \_\_\_\_\_ C&T: \_\_\_\_ Repaired: **major** or **minor** Replaced: \_\_\_\_  
*(circle one)*  
Comments: \_\_\_\_\_

**11. Doors:**

Replaced qty: \_\_\_\_ Repaired qty: \_\_\_\_ Wx stripped: \_\_\_\_ Airsealed: \_\_\_\_  
Comments: \_\_\_\_\_

**12. Windows:**

Replaced qty: \_\_\_\_ Repaired qty: \_\_\_\_ Wx stripped: \_\_\_\_ Airsealed: \_\_\_\_  
Comments: \_\_\_\_\_

**13. Types of Combustion appliances:**

Stove/range: \_\_\_\_ HWH: \_\_\_\_ Heating sys: \_\_\_\_ Woodstove: \_\_\_\_ Fireplace: \_\_\_\_ Other: \_\_\_\_  
Comments: \_\_\_\_\_

**14. Health & Safety items installed:**

CO detectors: \_\_\_\_ Smoke Detectors: \_\_\_\_ Fire ext: \_\_\_\_ Other safe/unsafe cond: \_\_\_\_\_  
Comments: \_\_\_\_\_

**15. Other work / repairs completed to:**

Steps: \_\_\_\_ Floors: \_\_\_\_ Walls: \_\_\_\_ Roofs: \_\_\_\_ Chimneys: \_\_\_\_ Other: \_\_\_\_  
Comments: \_\_\_\_\_

**12. Low flow shower spray head:** Installed: YES or NO

**13. Refrigerator metered:** YES or NO, **Installed new refrigerator:** YES or NO

**14. Materials used:**

Mat'l list provided: \_\_\_\_ Prices listed: \_\_\_\_ Mat'l quality: \_\_\_\_ Install good: \_\_\_\_  
Comments: \_\_\_\_\_

**15. CFL, LED and/or T8 bulbs installed:**

CFL\_\_\_\_, LED\_\_\_\_ and/or T8's:: \_\_\_\_\_, throughout house: yes / no

**16. Client Education:**

Pre class: \_\_\_\_ Post class: \_\_\_\_ Lead Safe: \_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_