

# Weatherization Final Inspection and Partnership Agreement

Client Name

Address Weatherized

**PARTNERSHIP AGREEMENT:** In return for receiving weatherization services I agree to do the following:



**Maintain Smoke & CO Alarms:** I assume all responsibility regarding battery replacement and testing of Smoke and Carbon Monoxide alarms.



**Change Furnace Filters:** I will replace my furnace filters every month to keep my furnace running efficiently and to prevent damage to it.



**Read Educational Material:** I will read and follow the guidance in the educational materials I received on lead safety, energy conservation, mold and moisture prevention, indoor air quality, and radon reduction.



**Use Programmable Thermostat:** I will use my programmable thermostat to maximize my comfort and energy savings. I understand that setting the thermostat to 68°F in the winter, and 76°F in the summer; and turning the thermostat down 10° at night or when I'm away for more than 2 hours is recommended.



**Adjust Windows:** During the winter, I will open south facing window coverings on sunny days to allow heat in, and close all window coverings at night to hold heat in. During the Summer I will use natural ventilation and window shading to help cool my home.



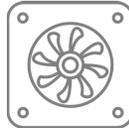
**Open Heat Vents:** I will make sure my heating vents and registers are open and not blocked to allow the furnace to run efficiently and to maximize comfort.



**Use Exhaust Fans:** I will use my kitchen and bathroom exhaust fans when cooking and bathing to reduce excessive moisture buildup in these rooms.



**Save Hot Water:** I will strive to use water efficiently. I understand that using low-flow faucet aerators and shower heads will help reduce water usage. And setting my water heater temperature to 120°, or to warm, will reduce standby losses and prevent scalding.



**Use Whole Home Ventilation:** I understand the following equipment has been installed to ensure my home has adequate ventilation according to the ASHRAE 62.2 ventilation standard.

#### WHOLE HOME VENTILATION

- Exhaust Fan(s)     Balanced (ERV/HRV)  
 MakeUp Air     None

VENTILATION RATE  cfm

#### RUN TIME

- Continuous  
 Intermittent  min/hr

Service Switch Location(s):

I understand the safety aspects of proper home ventilation. I have been instructed on the function, use, cleaning and maintenance of my home Ventilation System. I will use it as instructed to maintain good indoor air quality.



**Conserve Electricity:** I will encourage my household to turn off lights, TV's and other electronics when not in use; to use the microwave instead of the oven to reheat food; and to be wise when purchasing and using other energy consuming appliances.

**FINAL SIGNOFF:** By signing below I agree to the partnership agreement above. I also certify that the Weatherization work on the address listed above has been completed and I am satisfied with the work. I understand this residence will not be eligible for re-weatherization until fifteen years from today. I release the state of Utah, the local weatherization agency, and its employees from all further responsibilities for the completed improvements.

Signature Weatherization Recipient (must be adult occupant of household)

Date

Agency Representative (person collecting this form)