

## STATE OF UTAH WEATHERIZATION ASSISTANCE PROGRAM FIELD INSPECTION REVIEW FORM

Agency \_\_\_\_\_ Date of job completion \_\_\_\_\_

Client name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

### COMMENTS

- Adequate pre-inspection/Audit Yes  No
- O&M's completed as required Yes  No
- Air sealing completed as required Yes  No
- NEAT recommendations followed Yes  No
- Attic properly prepared Yes  No  N/A
- Attic properly insulated as required Yes  No  N/A
- Wall properly insulated Yes  No  N/A
- Floor/Foundation properly insulated Yes  No  N/A
- WH insulated as per guidelines Yes  No  N/A
- Pipes wrapped at water heater as per guidelines Yes  No  N/A
- Cold air returns/supply ducts sealed as per guidelines Yes  No  N/A
- Furnace replaced as per guidelines Yes  No  N/A
- Furnace replacement quality Good  Adequate  Unacceptable
- Was existing 80% or 90% cleaned and tuned as required Yes  No  N/A
- Filter installed as per guidelines Yes  No  N/A
- Green Sticker completed and present on furnace & WH Yes  No  N/A
- Window replacement quality Good  Adequate  Unacceptable  N/A  Acceptable
- workmanship & quality Yes  No
- Materials installed match BWR & inventory sheets Yes  No
- Additional measures required Yes  No
- Need to amend BWR Yes  No
- Does agency need to return to job Yes  No
- Was Client home Yes  No
- If not, was home visually inspected from outside Yes  No
- Was home revisited Yes  No

Date of site inspection \_\_\_\_\_

### Comments: