

# STATE OF UTAH WEATHERIZATION ASSISTANCE PROGRAM

Date \_\_\_\_\_

## Summary Monitoring Report Field Inspections

AGENCY \_\_\_\_\_ State staff completing review \_\_\_\_\_ Date of last visit \_\_\_\_\_

Review period \_\_\_\_\_ # DOE/ARRA BWR's submitted during period \_\_\_\_\_

# client homes visited based on 25% of BWR's submitted during reporting period 0

**Underlined comments must be corrected and reported as complete to the State WAP Office within 30 days of Exit Interview**

CLIENT	A	UA	COMMENTS	Follow-up Details & Date
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Use additional sheet if necessary

**ACCEPTABLE (A)** Completed home generally meets the WX guidelines and has been completed in an acceptable manner

**UN-ACCEPTABLE (U)** Completed home does not meet guidelines and further work and/or repairs are needed

CLIENT	A	UA	COMMENTS	Follow-up Details & Date
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General Comments: