FORMS – HANDOUTS

Following is a list of forms developed by the DCAA for use in the program. The list is organized by function.

Copies of the forms (other than the Excel worksheet forms) are included in this section of the appendix. Forms with an asterisk * indicate that the form is provided by the DCAA as either 2-part or 3-part NCR paper. The current version of all forms is on the State of Iowa Weatherization Members Only web page: https://humanrights.iowa.gov.

The forms are occasionally revised. When that happens, the revised form will be uploaded to the Weatherization website and agencies will be notified of the revision.

Most of the agencies have designed "internal" forms to assist them with their administration of the program. Samples of some of those forms are also on the Iowa Weatherization Program website.

Client/Landlord Consent

Release of Liability Form* (English and Spanish) Landlord Agreement Deferral Documentation Form*

Health and Safety

Health and Safety Assessment Findings, Part 1 & 2* (English and Spanish)
Health and Safety Notifications
Lead Forms

- Paint Notification Forms
 - o Form 1 Renovation Work in a Single Dwelling Unit
 - o Form 2 Emergency Renovation Work in a Single Dwelling Unit
 - Form 3 Notice to Owner for Renovation in Common Areas of Multi-Family Housing
 - Form 4 Notice to Residents for Renovation in Common Areas of Multi-Family Housing
- Iowa Weatherization Lead-Safe Report
- Exempt from Lead Safe Renovation Requirements

Asbestos in Homes

Radon in Iowa

Wx Draft/Spillage/CO testing Checklist and Summary Sheet

Ventilation Form

- Instruction Sheet
- Ventilation and Your Home*

Refrigeration Appliances

Refrigeration Appliance Data Sheet Refrigeration Appliance Vendor Agreement Client Refrigeration Appliance Agreement*

Approval Requests

Equipment & Vehicles

- Disposal Request
- Replacement/Purchase Request
- User Fee Approval

Fuel Switching Request

Fuel Switching Request Calculations Worksheet

SHPO (State Historical Preservation Office)

- Exempt from SHPO Review
- Request for SHPO Comment
- Instructions for Exempt from SHPO Review, Project Description

Multi-Unit Dwelling Approval Form

- Projects Using NEAT Audit
- Projects Using Audit Other Than NEAT

Approval for Electrical Measures (pilot program to replace knob and tube wiring in homes)

Approval for Additional Insulation Measures – Alliant and Black Hills

Approval for Additional Insulation Measures – MidAmerican

Waiver Requests

\$12,000 Expenditure Limit Waiver Request

Financial Forms

State of Iowa General Accounting Expenditure (GAX) Form Close-out Report

General Forms

Weatherization Audit/Inspection Form (Stick-Built Homes)
Weatherization Audit/Inspection Form (Manufactured Homes)
Full Audit and File Review Checklist
Client File Checklist
Contractor/Subcontractor/Vendor File Checklist
Workers Compensation Waiver
Residential Heat Loss Calculation Worksheet

Reference

Lead Training Requirements
Licensure Chart (electrical and plumbing and mechanical licensing requirements)

State Housing Inspection Reports

Final Inspection Forms - Manufactured Homes Final Inspection Forms - Stick-Built Homes QCI Report

State Administrative Monitoring Tools

Questionnaire House Files Contractor Files

Release of Liability

Release of Liability and Waiver of Claims

Health and Safety Assessment

In addition to the energy audit we will do on your home, we will also do a limited health and safety assessment of the home. The health and safety assessment will consist of a visual inspection for potential health and safety problems. You will be notified of any health and safety problems that are identified, including mold. However, the evaluator is not a qualified mold professional. Mold may be present in areas not accessible or seen during the visual inspection or during the actual work on your home. Work on your home will be performed in a manner to prevent future mold growth. However, if there are existing conditions that are unseen or if, after the work is completed, situations within your home result in mold growth, we shall not be held responsible or liable.

Weatherization Activities

Notice: During weatherization activities, particularly when insulation is being blown into wall cavities and attics, insulation dust, other types of dust, and other particles may become airborne. Additionally, unforeseen circumstances may result in some insulation leaking through cracks into the home's living space. In those circumstances where insulation leaks into the living space, we will be responsible for clean-up (repairing damage and cleaning up the living area). Minor construction dust is inevitable at the end of any remodeling work. Construction dust clean-up will be the responsibility of the home owner/occupant.

space, we will be respinevitable at the end of	onsible for clean-	up (repairing	damage and cleanin ion dust clean-up will	g up the living	area). M	inor con	struct	ion dust is
Recommendation: Does	s anyone in the ho	me have any o	of the following conditi	ons:				
Allergies Asthma Emphysema	☐ Yes ☐ Yes ☐ Yes ☐	No No No	Pregnancy Other Respiratory Decreased Immun			Yes Yes Yes		No No No
It is recommended that house. Furthermore, it being blown. Persons witime specified in the management of the properties	is also recommend who leave the hou	led that infant ise during the	s less than 12 months	old should be o	ut of the	house w	vhen i	nsulation is
Release and Waive set out above. Additiona agency and its agents response to the weather activities, including more	ally, I agree on be harmless from any erization activities.	half of myself a g claims, medi This waiver i	and any minor childre cal problems or perso s for all damages, di	n or others for wonal injuries that rect or indirect,	hom I ar may occ that may	n respon :ur, deve	isible, elop oi	to hold the worsen in
I am aware the we my home and that chosen to go forw damages.	t such airborn	e particles	can aggravate he	ealth conditio	ns in s	ome p	eople	e. I have
I have carefully re release of liability				stand its con	tents.	l am av	ware	this is a
Client Name:			1	File Number:				
Address, City, Zip:			1	Phone:				
Client Signature:				Date:				
Agency Name:				Phone:				
Representative Sign	ature:		1	Date:				

Acuerdo de Liberación de Responsabilidad

Acuerdo de Liberación de Responsabilidad y Renuncia de Reclamos

Evaluación de Salud y Seguridad

Además de la auditoría de energía que realizaremos en su casa, nosotros también haremos una pequeña evaluación de salud y seguridad de la casa. La evaluación de salud y seguridad consistirá en una inspección visual de problemas que pudieran ser potencialmente serios. Usted será notificado de cualquier problema de salud y seguridad que hayan sido identificados, incluyendo moho. Cabe mencionar, que el evaluador no es un profesional calificado de problemas de moho. El moho tal vez se localice en áreas no accesibles o visibles durante la inspección visual o durante el trabajo en su casa. El trabajo en su casa será desempeñado de manera que pueda prevenirse el crecimiento de moho en el futuro. Como quiera que sea, si hay condiciones existentes que no son visibles o si después que el trabajo haya sido terminado, existen situaciones dentro de su casa que causen el crecimiento de moho, nosotros no nos hacemos responsables de lo que suceda.

Actividades de Weatherization

Advertencia: Durante las actividades de Weatherization, particularmente cu las paredes, y el polvo de la insolación u otro tipo de polvo y otras pa circunstancias imprevistas pudieran resultar en alguna filtración de la insolación tales circunstancias, donde la insolación se haya filtrado dentro de los elimpiar (reparar daños, y limpiar las áreas habitables). Es inevitable la a término de cualquier trabajo de remodelación. Será responsabilidad del Duconstrucción.	rtículas pudieran estar volando en el aire. Adicionalmente, lación a través de grietas en espacios habitables de la casa. espacios de la habitación, nosotros seremos responsables de parición de polvo causado por construcciones pequeñas al
Recomendación: Hace alguien en el hogar tiene cualquiera de las condicion	es siguientes:
Alergias	· <u> </u>
Es recomendable que personas con las condiciones encima de salud estén Además, es también recomendable que infantes menores de 12 meses se Las personas que dejan la casa durante el proceso de la insolación despecificada en las instrucciones de manufacturer.	encuentren fuera de la casa cuando se inicie la instalación.
Liberación y Renuncia de Reclamos: Yo hago del conocimiento por mecomendaciones arriba estipuladas. Adicionalmente, yo me comprometo por los que yo soy responsable de mantener a la Agencia y a sus agente problemas médicos, daños personales que pudieran ocurrir, desarrollo actividades de Weatherization. Esta renuncia de reclamo es por todos los con las actividades de Weatherization, incluyendo perdida de dinero inconvenientes.	por mí mismo y por cualquier niño menor de edad, y otros es libres de toda responsabilidad y de cualquier reclamo por o o empeoramiento del ambiente a consecuencia de las daños, directos o indirectos, que pudieran estar relacionados
Yo estoy al tanto que el proceso de Weatherization pudiera causa ser dejado en mi casa y que ciertas partículas en el aire pudier continuar con el proceso de Weatherization, aceptando cualquier y	an agravar las condiciones de salud. Yo he decidido
Yo he leído cuidadosamente este acuerdo de Liberación de Resp completamente su contenido. Yo estoy al tanto que este es un ac propia voluntad.	
Nombre del Cliente:	Número de Expediente:
Dirección, Ciudad, Código Postal:	Teléfono:
Firma del Cliente:	Fecha:
Nombre del Agencia:	Teléfono:
Firma del Representativo del Agencia:	Fecha:
· · · · · · · · · · · · · · · · · · ·	

<u>Programa de Weatherization:</u> Tiene como objetivo reducir el costo de la energía y mejorar la salud y seguridad de las familias de bajos ingresos mediante la instalación eficiente de componentes energéticos relacionados con medidas de salud y seguridad.

Landlord Agreement Iowa Weatherization Program

l,	certify that I am the owner, or authorized agent,			
for the property located at	and occupied by			
	I authorize			
to weatherize the dwelling or unit loc	cated above, in accordance with the following provisions:			
 I affirm, to the best of my previously I agree not to raise the rent work is completed. I agree the tenant will not be If the rental unit to be weat income household within 180 I agree the materials and eq funds, shall remain in the complete. 	knowledge, the dwelling at this address has not been weatherized, due to weatherization, for a period of 12 months from the date the elevicted without just cause. Cherized is currently vacant, I agree to rent the vacant unit to a low-double days after the weatherization work is complete. Quipment installed in the rental unit, using low-income weatherization dwelling. If I sell the property as a habitable dwelling, I agree the stalled, using low-income weatherization program funds, shall remain			
important to ensure that there are a pose a health or safety hazard to combustion appliances in eligible re	res that will be provided to the rental unit will make it less leaky, it is not unsafe levels of carbon monoxide or other problems that could to the tenant. Therefore, the lowa Weatherization Program tests ental units for safety. The safety inspection will include checking for tecking the venting of combustion appliances, and checking for back			
I certify that I agree to the aforemen	ntioned terms of this agreement.			
Landlord/Agent Signature:	Date:			
Address:				
City, State, Zip Code:				
Phone Number:				
Agency Name:	Date:			
Agency Representative:	Phone:			
Address:				
City, State, Zip Code:				

Deferral Documentation Form

Iowa Weatherization Program

Client Name:	File Number:	
Address:	City, Zip:	
Phone:	Rent	Own
beginning on the home. Occasionally, the	or postponed). Usually, those situations situation is not identified until the work	s or conditions are identified prior to any work
deferral changes, it may be possible to be bad roof that leaks or will likely leak. How	gin or complete the work. For example vever, the dwelling can be weatherized ing. The dwelling should not be weath	e, a dwelling shouldn't be weatherized if it has a later if the roof is replaced/repaired. Another lerized while it is being remodeled. However,
		nt why the work was deferred, what changes both parties. The agency must also document
	of Liability and Waiver of Claims Form.	
Home is for sale.		
Disconnected waste water pipes. The dwelling has mold or moisture	e problems (such as pooling water in cr	awlspaces or standing water in the basement)
so severe they cannot be resolved	under existing health and safety meas	
Hazardous electrical wiring.		
Presence of excessive animal fece Rats, bats, roaches, reptiles, insec	s and/or other excrements. ts, animals, or other vermin inappropri	ately or not properly contained on the
Unvented combustion appliances.		
expenditure limit.	nsafe appliance is more than the progr	
	eater which the client has refused to re	
	g or has unfinished areas which affect t ne program due to major structural defi	
		is manufactured for mobile homes and the
client refuses replacement.	stom other than a floating system that	is manaractar or for mobile nomes and the
	or heating stove that draws combustion	air from inside the dwelling and the client
refuses replacement.	e weatherization services were being p	rovided
·	a dwelling, are uncooperative, threater	
		perform necessary work on certain areas of
the home.		
Other (explain):		
Work required prior to weatherization:		
	cy once the above work has been comp	r condition that has caused the agency to defe pleted. When I contact the agency, I understan home cannot be weatherized.
Client Signature:		Date:
Agency Representative:	Date:	Phone:

Health & Safety Assessment Findings Iowa Weatherization Program

			TOWA WEATHERIZ	ation Program				
Client Name:				File Number:	File Number:			
Address:				City, Zip:				
Phone Number:			Rent	☐ Own				
measures. programm	. Weather natic and/o	e Iowa Weatherization Pro ization also completes a or funding limits, Weatheri otential issues in your hom	n assessment of the hozation is not always able	ome for potential h	nealth and safety issu	ues. Because of		
1. Carbo	n Monoxi	de Testing						
Reading	Ambient Furnace Gas War Gas Ove	Air /Boiler/Space Heater (refer to low ter Heater (refer to lowa Weather en (client/landlord is responsible in specify)	rization Work Standards Section			evels)		
	Testing (a	tmospheric)		ed on Outside Temperatur	res			
Record	Outcido	tomporaturo	Below 10° F 10° F – 90° F	-2.5 Pascals				
		temperature nace (in Pascals)	> 90° F	(T_out / 40) – 2.75 -0.5 Pascals				
		er heater (in Pascals)	7 70 1	0.01 030013				
Check	Bare wir Knob & t	tube wiring s, inspect for proper size fuses)			Repair to be done by Client/Landlord	Repair to be done by Agency		
	_	tion <i>(check all gas lines f</i>	or leaks)		Repair to be done	Repair to be		
Check	Leaks	F.,,,,,,,,,,			by Client/Landlord	done by Agency		
		Furnace Water heater Other combustion appliances (specify)	_					
5. Unsa	nitary Co	nditions (may cause odo	rs. viruses. or bacteria in	the home)				
Check	-		(5) (1) 2000 (1)		Cleanup to be done by Client/Landlord	Cleanup to be done by Agency		
-		pests in work area re animal feces/carcasses in work	c area		H	No No		
		re bird/bat feces/carcasses in wo				No		
	Raw sev	vage in house/basement/crawlsp	ace			No		
☐ Educa	te the clien	t regarding existing screws in	dryer ducts (if applicable).					
☐ Tests	and visual i	nspections of the items listed	above were performed and	no problems were idea	ntified.			
the client oneeded exh	or landlord.	conditions as of the date be I will then contact the agend If I refuse to allow exhaust fa	cy so the weatherization wor	k may proceed. I also ny home will be deferr	agree to allow the agen			
Client Sigi					Date:			
_	epresentati			#:				
J J								

Resultados de la Evaluación de Salud y Seguridad Programa de Weatherization de Iowa

Nombre del Cliente:	Niímaro da	Evnediente:			
Nombre del Cliente: Dirección:		Número de Expediente: Ciudad, Código Postal:			
Número de Teléfono:		Dueño			
El propósito del programa de Weatherization de Iow conservación. Weatherization también realiza una e límites programáticos y de financiamiento de evalua marcadas en esta forma han sido identificadas como	evaluación de la casa por a ación, Weatherization no sie	asuntos potenciales de salu empre puede solucionar toc	d y seguridad. Del	bido a los	
1. Prueba de Monóxido de Carbono Resultado Carbono Resultados Aire ambiental Calefacción/Boiler/Espacio de calefacción de actuación recomendado) Calentador de agua de gas (referencia a la recomendado) Horno de gas (reparaciones para hacer por el	(referencia a la Iowa Weatheri. Iowa Weatherization Work Stal				
Otros (especifique)	,				
2. Versión de Prueba (Atmosférica) Recuerdo Temperatura Exterior Calefacción de Gas (en pascals*)	Versión Mínima Basada Bajo 10° F 10° F – 90° F Arriba 90 ° F	a en la Temperatura Exterior -2.5 Pascals* (t_exterior / 40) – 2.75* -0.5 Pascals*			
Calentador de agua 3. Inspección Visual del Sistema Eléctrico Marque			Reparaciones para hacer por el Cliente/Dueño	Reparacione para hacer por la Agencia	
Cables sin protección Revisar perillas y cables de tubería (Si la respuesta es "si", inspección para tamaños	adecuados de fusibles)				
 Inspección de Líneas de Gas (verifique todas Marque Fugas 	s las líneas de gas por posib	ble caso de fugas)	Reparaciones para hacer por el Cliente/Dueño	Reparacione para hacer por la	
Calefacción Calentador de Agua Otros electrodomésticos de com (Especifique)				Agencia	
5. Condiciones Antihigiénicas (Pueden causar de Marque ———————————————————————————————————	res de animales en el área d s/cadáveres de animales en	de trabajo el área de trabajo	Limpieza a Realizar por el Cliente/Dueño	Limpieza a Realizar po Ia Agencia No No No No	
Eduque al cliente con respecto a los tornillos ex Las pruebas e inspección visuales de las áreas l			identificado.		
Estas son las condiciones existentes en la fecha comprometo a reparar o limpiar las áreas listadas manera que Weatherization pueda proceder a reali exahust necesarios. Si se niegan a permitir la instala	arriba ya sea por el cliente izar su trabajo. También d	e o por el dueño. Entonces le acuerdo permitir que la a	s contactare a la a agencia instalar ve	gencia de	
Comentarios Adicionales:	·				
Firma del Cliente:					
Representante de la Agencia:	Fecha:	Teléfond):		

Pascal: Unidad de Medida

Health & Safety Assessment Findings Iowa Weatherization Program

Client Name:	File N			
Address:	City,			
Phone Number:		Rent	Own	
Actual construction defect or describer) Plumbing defects (leaking drains, particular) HVAC problems (dirty, moist filters)	to #2) the home (stains, moist areas) ght allow water in the home (poor grading, a eterioration that allows water into the ho pipes or toilet seats, missing caulk on sinks or tubs,	me <i>(roof, de</i>)	cks, windows, concrete slabs, lack of vapor	
2. Mold Areas Checklist Bath (location) Shower (location) Kitchen Laundry area Basement walls Crawlspace Exterior walls Attic/Ceilings Other (specify)	Existing Sq. Ft. of Cleanup to be Mold Area by Client/Lar			
☐ Weatherization we been cleaned up. Any item checked the agency or will	ork cannot be done until the mold in the You (or your landlord) are responsible for in the Existing Mold column but not require to be disturbed during the weatherizat er to proceed with weatherization.	areas checor the clear uiring cliention work a	ked under the Cleanup column has nup. t cleanup will either be cleaned by nd therefore, does not need to be	
No visible evidence of existing	·	vor, it is do	wisdore to clean up an mola.	
By signing below, I acknowledge that I I weatherization work being done. If any	have been notified of the conditions show mold has to be cleaned up before weath acy so the weatherization work may proce	vn above ir erization w	n the home prior to any	
Client Signature:			Date:	
Agency Representative:	Phone #		Date:	

Resultados de la Evaluación de Salud y Seguridad

Programa de Weatherization de Iowa

Nombre del Cliente:					
Dirección:					
Número de Teléfono:	LJ Renta LJ Du	leño			
1. Áreas Húmedas Condiciones actuales (marque todas las que apliquen) Humedad en la atmósfera de la casa Quejas del cliente por síntomas similares a alergi Evidencia del crecimiento de moho (si la respues Evidencia de penetración de agua en la casa (res Evidencia de condiciones que permiten el paso de funcionamiento de la palanca del inodoro, falta de Defectos de construcción o de deterioro actual que de concreto, falta de barrera de vapor) Defectos de plomería (goteras, tubería, o asiento Problemas de HVAC* (suciedad, filtros húmedos, Ventilación de la secadora dentro de la casa, ven Cualquier otro tipo de condensación	eta es si, vaya a la sección #2 siduos, áreas húmedas) e agua en la casa (desnivel p de canales para drenar el agu ue permita la penetración de do de inodoro, falta de silicón pobre drenaje de condensa	pobre para que fluya el agua, mal ua) el agua (techo, balcón, ventanas, cimiento en lavabos o tinas) ción)			
limpieza hayan sido aseadas. Usted (o el due Cualquier otra área que se encuentre marcad por el cliente será aseada ya sea por la ag	acontró en las áreas que se n zase hasta que el moho en l eño) son responsables dicha da sobre la columna de Evide gencia o no será considerad	ados Realizar por Área Cliente/Dueño			
■ No se encontró evidencia de moho.					
Comentarios Adicionales:					
Con mi firma al pie de página, yo hago del conocimiento que realizado de weatherization. Si el moho tiene que ser rem limpiar dichas áreas y posteriormente a contactar a la agencia.	novido antes que inicie el tr	abajo de weatherization, yo me comprometo a			
Firma del Cliente:	Fecha:				

*HVAC: Heating, Ventilation and Air Conditioning (Calefacción, Ventilación y Aire Acondicionado)

<u>Weatherization:</u> Tiene como objetivo reducir el costo de la energía y mejorar la salud y seguridad de las familias de bajos ingresos mediante la instalación eficiente de componentes energéticos relacionados con medidas de la salud y seguridad.

HEALTH & SAFETY NOTIFICATIONS

Iowa Weatherization Program Client Name:______ File Number:_____ ______ City, Zip:______ Address:
 Phone Number:
 _______ Own:
 The purpose of the Iowa Weatherization Program is to lower the energy burden for our clients through energy conservation measures. Weatherization also completes an assessment of the home for potential health and safety issues. Because of programmatic and/or funding limits, Weatherization is not always able to address these issues. Items listed on this form have been identified as potential issues in your home. 1. The following structural issues were identified: 2. The following hazardous conditions (pollutants, gas/electrical lines, pests, moisture, etc.) were identified: 3. Radon in Iowa: The Iowa Radon Survey has indicated that Iowa has the largest percentage of homes above the US Environmental Protection Agency action level. It is also designated by the US EPA as an entirely zone 1 state, which means that at least 50% of the homes are above US EPA's recommended action level. a. According to the Department of Energy (DOE) sponsored study, "Weatherization and Indoor Air Quality: Measured Impacts in Single-family Homes under the Weatherization Assistance Program," there is a small risk of increased radon levels in homes when the building air tightness levels are improved. b. These increases are smaller in manufactured housing everywhere, and higher in site built homes in highradon-potential counties. c. There is some evidence that the installation of continuous mechanical ventilation reduces radon levels in homes, and counteracts any radon increases that are due to improved building air tightness levels. Precautionary Measures: Since your house is located in a county identified as having moderate- to high-potentialradon levels¹, precautionary measures indicated below will be installed as part of weatherization: ☐ Exposed dirt floors covered and sealed ☐ Floor/foundation penetrations sealed ☐ Open sump pit capped ☐ Crawl space venting inspected ☐ Basement/crawl space isolated (air sealed) from living space Other: _____ I am aware that weatherization may result in increased levels of radon, and that mechanical ventilation may counteract those increases. I have received the Environmental Protection Agency's (EPA's) "A Citizen's Guide to Radon," and radon-related risks were discussed. I have chosen to go forward with weatherization, and accept all risks of injury or damages. I have carefully read this informed consent form and have signed it of my own free will. Client Signature: _____ Date: _____

¹ Defined as counties with predicted indoor radon screening levels at or above 2 picocuries per liter of air (pCi/L).

FORM 1 – Renovation Work in a Single Dwelling Unit

Notification Prior to Renovation, Remodeling, or Repainting

Address:			Year Built:
General Nature of Work: Weatheri	zation Location of Work	:	
Expected Start Date:	Expected Complet	on Date:	
I have received the pamphlet entitled aware of the potential health risk as paint or lead-based paint hazards. I r	ssociated with remodeling, re	novation or repair	
Printed Name of Owner	Signature of Owner	Date	· · · · · · · · · · · · · · · · · · ·
Printed Name of Occupant	Signature of Occupant	 Date	<u> </u>
Printed Name of Contractor	Signature of Contractor	Date	
Contractor Address	City	State	Phone
List of ALL Known Occupants			
As an alternative to delivery in perso return receipt or its equivalent at least On, I sent the Attach receipt for certified mail or its equivaler	st 7 days before the work beging pamphlet to the owner and	ns.	
Printed Name of Contractor	Signature of Contractor	 Date	
Contractor Address	City	State	Phone
No Signature Available Option If the pamphlet was delivered, but appropriate box below.		n adult occupant	could not be obtained, check the
or Renovate Right, to the unit listed to sign the acknowledgement. I furth	below at the dates and times er certify that I have left a cop od-faith effort to deliver the pa below at the dates and times	indicated, and tha by of the pamphle imphlet Lead Poiso indicated, and th	t at the unit with the occupant. oning: How to Protect Iowa Familie nat the occupant refused to sign the
Printed Name of Person Certifying Delivery	Signature of Person Certifying De	elivery Atte	mpted Delivery Date & Time
Where Pamphlet was Left (ex., taped to door,	slipped under door, etc.)		
Printed Name of Contractor	Signature of Contractor	 Date	3
Contractor Address	City	State	Phone

FORM 2 – Emergency Renovation Work in a Single Dwelling Unit

Notification Prior to Renovation, Remodeling, or Repainting

Address:			Year Built:
General Nature of Work: Wea	therization Location of Wor	·k:	
Expected Start Date:		etion Date:	_
Some of the paint disturbed duri included a copy of the pamphlet,			
Printed Name of Contractor	Signature of Contractor	 Date	
Contractor Address	City	State	Phone
Note Regarding Certificate As an alternative to delivery in per return receipt or its equivalent as	rson, you may mail the pamphle soon as possible after the work	begins.	
On, I sent t Attach receipt for certified mail or its equiv		d/or tenant by	<u> </u>
Printed Name of Contractor	Signature of Contractor	Date	

State

Phone

City

Contractor Address

FORM 3 - Notice to Owner for Renovation in Common Areas of Multi-Family Housing

Notification Prior to Renovation, Remodeling, or Repainting

Non-emergency renovation, remodeling, repainting

Check One:

Emergency ren	ovation, remodeling, repainting		
Address:			Year Built:
General Nature of Work: W	eatherization Location of Wor	k:	
Expected Start Date:	Expected Comple	tion Date:	
aware of the potential health r	ntitled <i>Lead Poisoning: How to</i> isk associated with remodeling, reds. I received the pamphlet before	enovation or repainting	
Printed Name of Owner	Signature of Owner	Date	
Printed Name of Contractor	Signature of Contractor	Date	
Contractor Address	City	State	Phone
Note Regarding Certificat	e of Mailing Option person, you may mail the pamphle	at to the owner and/or t	topant via CEPTIFIED mail with
return receipt or its equivalent	at least 7 days before the work lalet to the owner and/or tenant vi	begins. In case of eme	ergency renovation, remodeling
soon as possible after the work	begins.		
On, I sen Attach receipt for certified mail or its ed	t the pamphlet to the owner an uivalent.	d/or tenant by	
Printed Name of Contractor	Signature of Contractor	Date	
Contractor Address	City	State	Phone

FORM 4 - Notice to Residents for Renovation in Common Areas of Multi-Family Housing

Notification Prior to Renovation, Remodeling, or Repainting

Check One:	Non-emergency ren	ovation, remodeling, repaintin	g	
	Emergency renovati	on, remodeling, repainting		
Address:				Year Built:
General Natur	re of Work: Weath	erization Location of Wor	k:	
Expected Star	t Date:	Expected Comple	tion Date:	
the pamphlet	Lead Poisoning: H	ow to Protect Iowa Famil	<i>lies</i> or <i>Renovate Rig</i>	tain lead. You can get a copy of the tank that no cost by calling me at
either mail yo	u a pamphlet or leave	one at your unit.	include your name, ac	ddress and phone number. I will
Printed Name of	Contractor	Signature of Contractor	 Date	
Contractor Addre	SS	City	State	Phone
Contractor Addre		Notification Prior to Renovation, Ren	nodeling, or Repainting State	_
Owner of Muli	ti-Family Housing			
	nits in Multi-Family Hou			
	•	n Unit		
Printed Name of	Contractor	Signature of Contractor	Date	
Contractor Addre	ss	City	State	Phone
Printed Name of (If other than cor	Person Making Delivery ntractor)	Signature of Person Making Del (If other than contractor)	ivery Date	

IOWA WEATHERIZATION LEAD-SAFE REPORT THIS FORM MUST BE FULLY COMPLETED, including additional information or attachments as needed. Contractor is ultimately responsible for compliance with 641-70.6 (11)g(record keeping). A. Date Report Issued ____/ ____/ B. Important Information As of April 22, 2010 renovations* that take place in pre-1978 residential housing and child-occupied facilities are regulated and certification is required. This renovation report is required to be completed within 30-days following a renovation. This report is required to be kept for 3 years by the lowa certified firm and certified individual conducting the renovation. This renovation report is always required to be issued to the property owner(s) of the address where the renovation occurred. This report may also be required to go to other parties if the renovation occurred in a unit that is not owner-occupied, or in a child-occupied facility. Check all that apply. An adult occupant of a renovated unit, that is not owner-occupied. The person who requested the renovation, if different from the property owner or adult occupant. Name(s): _ The adult representative of a child-occupied facility. Name(s): _ Renovations in a child-occupied facility or in the common area(s) of multi-family housing. A notice that is likely to be seen shall be posted. The notice shall include instructions on how the report can be obtained free of charge. *Simply stated, renovation is the modification of any existing structure, or portion thereof that results in the disturbance of painted or stained surfaces. C. Address Renovated Street City Property Owner(s) Name ____Owner Telephone____ Property Owner Address State, Zip D. Certification Information _Certification Number______Firm Phone_____ Name of Certified Firm____ Name of Certified Renovator Certification Number Phone E. Renovation Information Date(s) renovation occurred:______Brief description of renovation work:_____ F. Did project have exemptions from lead-based specific work practices? No Yes If yes, reason: _ The entire property was determined to be free of lead-based paint by an lowa certified lead inspector/risk assessor. (Attach report or executive summary of report) The renovations were considered to be emergency in nature**. (Attach documentation of emergency) Some or all of the surfaces renovated were negative for lead-based paint when tested with an EPA approved test kit(s). All of the results, positive and negative must be reported. (See see section H) Some or all of the surfaces renovated were negative for lead-based paint when tested by an lowa certified lead inspector/risk assessor using XRF or laboratory analysis. (Attach inspection report) **Emergency renovation are not routine failures of equipment or of a structure that were not planned but resulted from a sudden unexpected event that, if not immediately attended to, presents a safety or public health hazard or threatens equipment or property with significant damage. Renovations conducted in response to an elevated blood lead (EBL) inspection are also considered to be an emergency. G. Work practices. Specific work practices are required for renovation. Some or all of the work practices may be exempt (see section F). Check all of the work practices that apply and describe if necessary. The description of the work practice must be location specific. ΛII

Ground covered to contain all Vertical containment. Describ		e			
Multi-Story Exterior		a a a riba			
All windows and doors below Waste Storage	the renovation closed. De	escribe			
All waste from renovation stor All waste from renovation tran					
All waste from removation train	isported under containine	in. Describe			
Additional/Other Work Practices	s Describe				
H. Were (EPA approved) test ki	ts used to determine the	e presence or absence o	of lead-based p	aint? No	
			Result	Result	Result Assume Positive/
Brand and Lot #	Test Location	Component Tested	Positive	Negative	Inconclusive Test
Additional lead test kits were	used and additional docu	mentation form is attache	ed to this report.		-
I. Training Information and Docu		tion would in many impal to be		f	vestices Firms shall
Check all that apply. Every individ not recognize on-the-job trainin		tion work is required to be	e trained in lead	sare work p	ractices. Firms snai
-		o job trajnjag waa provid	ad to thom to a	maura laad	and removation was
Job site had non-certified we performed.	orkers on site and on-the	e-job training was provid	ed to them to e	ensure lead	sale renovation was
Name(s) of worker(s) that rec	eived on-the-job training:				
					
Job site had workers that were Name(s) and certification num					
	iber of worker(s)				
Not applicable. The certified in	ndividual listed in section	D of this report was the o	nly renovator		
Not applicable. The certified if	idividual listed ili section	D of this report was the o	illy reliovator.		
J. Post-renovation cleaning ver			laaranaa taatina	. Only law	a partified land and
Each renovation must conclude renovators, lead abatement contra					
certified sampling technicians or le					•
Clearance testing. The cleara	ance report from the certi	fied sampling technician	or lead inspecto	r/risk asses:	sor must be attached
to this renovation report.	Gastian Misual avers was		·		
Post-renovation cleaning verifPost-renovation cleaning verif		регтогтеа.			
Date of 1 st Test	Date of 2 nd Test (if applic		of 3 rd Test (if ap	plicable)	
Expiration date of cleaning ve	erification card is in all work areas passed				
	floors passed cleaning ver				
K. Other applicable laws					
Federal law requires that any known					
are sold or leased. Known informa					
renovation, then the property own Lead Poisoning: How to Protect					
Environmental Protection Agency					
rule.					
Iowa law requires a notification p 1978. The brochure, <i>Lead Poiso</i>					
compliance with these rules.	ring. Troil to Trotoct for	, a , a , , , , , , , , , , , , , , , ,	pampmet, rer	rovato rugir	i, io alee rieddau iei
Check to indicate that the n	otification and brochure	were given prior to this	s renovation (A	Attach a con	y of the notification
form to this report)	otinication and broomarc	were given prior to this	o renovation: (/	illaon a cop	y or the notification
L. Signature					
Signature of lows certified individu					
TOWN DOLLING CHITING INDIVIDUAL	TALLISTED IN SECTION 11 Of th	us renout	HISTE		

Exempt from Lead Safe Renovation RequirementsIowa Weatherization Program

Client	Name:			_	
Client	Address:				
Name	of Agency:			_	
Auditor Name:WX File Number:					
1.	House was built pre-1978: YES No (If YES, continue to #2. If NO, file this form in the client				
2.	 The minimum areas for minor repair and maintenant Less than 1 sq. ft. of an interior painted or Less than 6 sq. ft. of a painted or finished Less than 20 sq. ft. of an exterior painted or 	finished wood surface per renovation drywall or plaster surface per room	on		
3.	List all contractors (business names) working on th (Circle YES if the contractor will be disturbing lead or pr lead documentation must be completed. Circle NO if the surfaces.)	esumed lead based upon the criteria list			
			YES	NO	
			YES	NO	
			YES	NO	
			YES	NO	
			YES	NO	
			YES	NO	

Asbestos in Homes

What is asbestos?

Asbestos is a naturally occurring mineral fiber mined from the earth. It is heat and chemical resistant, and is easily formed into just about any shape or product. It was used in more than 3,000 different construction materials and manufactured products, including many found in homes.

Why is it a concern?

When disturbed, asbestos breaks down into very small fibers up to 1,200 times thinner than a human hair. These tiny fibers easily become airborne and when inhaled, they can travel deep into the lungs and become trapped in lung tissue. Once trapped, these fibers can cause mesothelioma, lung cancer and asbestosis. There's no known safe level of asbestos exposure, and medical research indicates these fibers can cause severe lung diseases and cancer in 10 to 30 years after the initial asbestos exposure.

This is why it's important to identify asbestos-containing materials in your home so you can protect your health as well as your family's health.

What products contain asbestos?

The following is a short list of some of the more common asbestos containing materials found in homes:

Adhesives Gaskets

Appliance components Heat shields (paper and corrugated

Ceiling products cardboard)
Ceiling texture (Popcorn texture) Pipe insulation
Ceiling tiles Tank insulation

Ceiling tile mastic Paints and coatings

Cement-asbestos board (Transite) products Plaster

Chimney flue lining Roofing Products
Ducts Base flashing

Pipes Felt
Shingles Shingles
Siding Tar or "Black Jack"

Wall Panels Table pads ectrical products Vermiculite

Electrical products

Cloth wire insulation

Electrical panels

Vermiculite

Attic and wall insulation

Fireplace decoration

Flooring Products

Asphalt floor tiles

Gardening products

Vinyl wall coverings

Floor tile mastic Wall applications
Vinyl floor tiles Caulking and putties

Vinyl sheet flooring (linoleum)

Spackling compounds

Heating and Cooling System products

Wallboard or sheetrock

Boiler insulation

Wallboard joint compound

Duct work insulation

Window glazing

Furnace insulation

1 June, 2012

Asbestos in Homes

How do I find out if it's asbestos?

You can check for asbestos markings on the material or its packaging, or you can hire an Iowa-certified asbestos inspector to sample the material or perform an asbestos inspection. Companies that perform sampling and inspections are listed in the Yellow Pages under "Asbestos Consulting and Testing", or contact the Iowa Department of Public Health.

Aren't all asbestos products banned?

No. The United States Environmental Protection Agency (EPA) has banned the use of only the following asbestos-containing products in new construction and renovation:

- Spray-applied material
- Pipe insulation
- Boilers and hot water tank insulation
- Various paper and sheet products
- New uses of asbestos

The EPA has no existing bans on other asbestos-containing products or uses.

If you have asbestos in your home...

Leave it alone

Asbestos is only a problem if asbestos fibers are released into the air. If the asbestos material is in good condition and if it is not being disturbed, then it will not release asbestos fibers. The safest and least costly option may be to leave the asbestos material alone.

Repair it

Sometimes, asbestos materials can be repaired. If the asbestos material has minimal damage, it may be repaired with a special coating called encapsulant. Check with your hardware store or a safety supply store for materials to repair or encapsulate asbestos.

Remove it

Removing the asbestos material may be the best option if the asbestos material is extensively damaged or if it will be disturbed by renovation or other activities. Homeowners may legally remove asbestos materials themselves from the single-family home they own and occupy. However, it is strongly recommended that a licensed asbestos contractor is utilized.

Licensed contractors use techniques that are unavailable to homeowners, so the asbestos is handled safely. They also perform air monitoring to see if the air in your home meets acceptable standards during and at the end of the project.

How do I get more information?

For more information about asbestos, contact the Iowa Department of Public Health at 1-866-227-9878 or visit http://www.idph.state.ia.us/

2 June, 2012

RADON IN IOWA

What is Radon?

Radon is a natural radioactive gas that can cause cancer. You can't see, smell or taste it, but radon may be in your home. The Surgeon General's National Health Advisory on Radon states that "Indoor radon is the second-leading cause of lung cancer in the United States and breathing it over prolonged periods can present a significant health risk to families all over the country." According to the Environmental Protection Agency (EPA), radon is the first leading cause of lung cancer in nonsmokers and the second leading cause of lung cancer in smokers.

The entire state of lowa is considered at high risk for radon gas in homes by the EPA. High levels of radon can be found in any type of home, so it is recommended everyone test their homes.

Testing

Why should I test my home?

Although there are no immediate symptoms, long-term exposure to radon can cause cellular damage in the lungs that can lead to lung cancer.

The United States Environmental Protection Agency, Surgeon General, American Lung Association, American Medical Association, and the National Safety Council recommend testing your home for radon because testing is the only way to know if your home has radon.

Contact your local county health department or call **1-800-383-5992** to purchase a do-it-yourself, low-cost test kit.

Data

The Iowa Radon Survey has indicated that Iowa has the largest percentage of homes above the US Environmental Protection Agency action level. It is also designated by the US EPA as an entirely zone 1 state, which means that at least 50% of the homes are above US EPA's recommended action level.

For further information about radon in your home, you may go to the following website. http://www.epa.gov/radon/pdfs/citizensguide.pdf

WX Draft - Spillage - CO - Testing Checklist and Summary Sheet

Set Up

Heating appliance and water heater off?	Yes
Furnace filter clean or removed?	☐ Yes
All exterior windows and doors closed?	☐ Yes
Fireplace or wood stove dampers closed?	☐ Yes ☐ NA
Is there a door from the CAZ to the main body of the house? If "Yes" - close	☐ Yes ☐ NA
Record baseline CAZ pressure WRT outside.	Pa
Exhaust appliances on, including air handler? (Exception: Do not operate whole house exhaust fans)	☐ Yes ☐ NA
Interior doors closed? (Complete room-to-room pressure tests in rooms with exhalleave door closed. If test shows negative pressure, open do	
Blower door used to simulate 300 CFM fireplace flow?	☐ Yes ☐ NA
CAZ Test	
Determine CAZ pressure WRT outside with CAZ door close	od:
Record this reading minus the baseline.	Pa
Determine CA7 proceure WDT outside with CA7 door open	
Determine CAZ pressure WRT outside with CAZ door open:	
Record this reading minus the baseline.	Pa
* Recreate conditions which caused the greatest negative	pressure in the CAZ in the CAZ test above *
Appliance Tes	sting
Water Heater	(Order of testing determined on-site.)
Fire the water heater	(Craci or testing determined on-site.)
Spillage after 2 minutes? Yes	No
Draft after 5 minutes: Pa or	
Carbon monoxide after 5 minutes:/ PPI	
Carbon monoxide arter 5 minutes.	VI
France / Dellan / Conservation	(Onder of testing date 1 1 1 1 1
Furnace/Boiler/Space Heater	(Order of testing determined on-site.)
Fire the heating appliance.	reduction in droft for our of the other
Did operation of the heating appliance cause spillage or	¬
appliances? Yes Yes	J No □
Spillage after 5 minutes?	No
Draft after 5 minutes: Pa or Pa or	"W.C."
Carbon monoxide after 5 minutes://	//PPM

Ventilation and Your Home (Instruction Sheet) lowa Weatherization Program

Client Name:		File Number:				
Address:		City, Zip:				
Phone:						
Healthy homes require some ventila when they breathe the right amount wind blows air into a home. Mechanimay not get enough natural ventilation (enter agency name) ventilation to supply adequate fresh per minute), which is based on the	of fresh air. Natural ical ventilation can be in when cracks and he has inspected you air. The recommender size and the air tigotherm.	ventilation happens when a windon provided by a bathroom or kitcher oles are sealed to save energy. The second has determined that the provided rate of continuous ventilation is	ow is open or when the en exhaust fan. A home at it needs mechanical			
household. The following system has	been installed.					
Fan Type:	(i.e. Broan, Fantech, Pa	anasonic)				
Location of Fan Installed:	(i.e. basement, bathroo	m ceiling, crawlspace)				
Ventilation Operating Time:		nutes per hour) (# of minutes fan is set i	to run)			
Ventilation Rate (Set Speed):	CFM (cubic feet per minute) (the rate of speed in CFMs the fan is set to run – not the maximum capacity of the fan)					
Your fan is set up to run:	(enter: continuously, intermittently, or manually)					
Type of Controller Installed:	(i.e. Airetrak, Internal S	peed Delay, Multi-Speed Swtich, On/Off Sw	vitch)			
Location of Controller Installed:	(i.e. basement ceiling, i	bathroom wall, wall near exhaust fan, under	the cover grille of the fan)			
Location of Service Switch:	(i.e. in attic near the ac	cess, junction box under fan grille, on wall n	next to controller)			
Installer Name:	(enter business name)					
Installer Phone Number:	(enter business phone	number)				
For the best results, at your present home, you may wish to increase the fan for 15 to 20 minutes after a bath of moisture may damage parts of your h	current setting. <i>No m</i> or shower. A bath or	atter what the current fan setting, a	always run your bath			
Controller Operation Directions:	☐ Provided	☐ Not Provided				
Maintenance: Like most equipment, clean the fan grille (if accessible). Se			as needed, check and			
Fan Warranty Information:	☐ Provided	☐ Not Provided				
Controller Warranty Information:	☐ Provided	☐ Not Provided				
Customer Verification						
This certifies that(enter agency na it operates, and how I should take ca operation of my ventilation system.		lained the ventilation system(s) ins e installer listed above with any qu				
Client	Date	Agency Representative	 Date			

Ventilation and Your Home

Iowa Weatherization Program

Client Name:	F	File Number:	
Address:	(City, Zip:	
Phone:			
Healthy homes require some ventilation when they breathe the right amount of wind blows air into a home. Mechanical may not get enough natural ventilation	f fresh air. Natural al ventilation can be when cracks and he	ventilation happens when a windo e provided by a bathroom or kitche oles are sealed to save energy.	ow is open or when the en exhaust fan. A home
ventilation to supply adequate fresh ai per minute), which is based on the shousehold. The following system has be	r. The recommende size and the air tig		CFM (cubic feet
Reason for Installation:	☐ ASHRAE	☐ Moisture/Humidity	
Fan Type:			
Location of Fan Installed:			
Ventilation Operating Time:		MPH (minutes per hour)	
Ventilation Rate (Set Speed		CFM (cubic feet per minute)	
Your fan is set up to run:		(case case)	
Type of Controller Installed			
Location of Controller Instal			
Location of Service Switch:			
Installer Name:			
Installer Phone Number:			
For the best results, at your present ho home, you may wish to increase the cut fan for 15 to 20 minutes after a bath or moisture may damage parts of your ho	rrent setting. <i>No ma</i> shower. A bath or s	atter what the current fan setting, a	lways run your bath
Controller Operation Directions:	☐ Provided	☐ Not Provided	
Maintenance: Like most equipment, ve clean the fan grille (if accessible). See			as needed, check and
Fan Warranty Information:	☐ Provided	□ Not Provided	
Controller Warranty Information:	☐ Provided	□ Not Provided	
Customer Verification			
This certifies that		ained the ventilation system(s) instence installer listed above with any que	
Client Signature	Date	Agency Representative Signature	Date

Refrigeration Appliance Data Sheet

Iowa Weatherization Program

Vendor:					
Appliance Cost:	Prices good from	m t	10		
Delivery Fee:	Removal Fee:				
Brand:	Model Number:		Energy Star		
<u>Refrigerators</u>	<u>Freezers</u>	<u>Defrost</u>	<u>Color</u>		
Top Freezer	Chest	Automatic	Black		
Bottom Freezer	Upright	Partial Automatic	White		
No Freezer		Manual	Other		
Side-by-Side					
Annual Energy (Consumption (kWh)	Height	(inches)		
Rating		Width	(inches)		
Fresh Food Volu	me (cu ft)	Depth	(inches)		
Freezer Volume	(cu ft)				
Total Volume (c	u ft)				

UL Standards: All replacement refrigerators must meet UL-250 (1993) standards.

Disposal Agreement: All refrigerator units which are to be replaced must be properly disposed of according to the environmental standards in the Clean Air Act (1990) Section 68, as amended by Final Rule, 40 CFR 82, May 14, 1993.

Refrigeration Appliance Vendor Agreement

Iowa Weatherization Program

The following agreement is made between the local Weatherization Program and:

Vendo	r:	Local Agency:				
Addre	ss:	Address:				
City, S	itate, Zip:	City, Zip:				
Phone	Number:	Phone Number:				
	ove named vendor offers the price quotes and ed) and agrees to abide by the following conditions:	appliances contained on the Appliance Data Sheets				
1.	Guarantees the attached quote prices for a pe	eriod of months from the date of signature.				
2.	To deliver goods and services in all counties listed:	·				
3.	To make delivery to the client within days af	ter receiving approval notification from the agency.				
4.	4. To remove all designated appliances from the clients' homes.					
5.	5. To destroy any and all appliances removed from the clients' homes to assure future use is prevented. The appliances must be disposed of according to the environmental standards in the Clean Air Act (1190), Section 608, as amended by Final Rule, 40 CFR 82, May 14, 1993.					
6.	To provide normal covered service after the sale.					
7.	To maintain commercial general liability insurance agency.	coverage in an amount deemed sufficient by the local				
8.	To maintain automobile insurance coverage in an a	mount deemed sufficient by the local agency.				
9.	9. To provide the agency a detailed billing for each house including manufacturer, model number and price for each unit delivered in the case of replacement.					
10.	10. To hold in confidence all names and addresses of clients.					
11.		without any replacement or two or more appliances do not agree to provide such removal services for				
	r Representative Signature:					
Agend	Agency Representative Signature: Date:					

Client Refrigeration Appliance Agreement Iowa Weatherization Program

Vei	ndor Name:		C	lient Name:			
Co	ntact Name:		F	ile Number:			
Address:		A	ddress:				
	y, State, Zip:		C	ity, Zip:			
Pho-	one:		P	hone:			
effic mee appl prov tran The deliv	iency refrigeration of certain requirem it certain requirem it certain requirem it certains of the certain to the evaluator is responsered with the door	appliances that are tents for energy con appliance(s) will be e. You will be resulted new appliance(s).	currently in servinsumption, and waremoved from your ponsible for removed the replacement per side.	u with new refrigeration of the in your house. The will be metered by the ur home and disposed oving all food items appliance will fit into stance Program:	e appliances e evaluator p l of. The new from your o	to be removed prior to offering appliance(s) and appliance(s)	d must ag new will be s) and
	Appli	ance 1	App	oliance 2		Appliance 3	
Contract ID:			2.50.0				
Type:	Refrigerato	or	Refrigera	ator 🗌 Freezer	Ref	frigerator 🗌	Freezer
Brand:							
Energy Rating:	Annual kWh Usage (Old)	BART Repl Rating (New)	Annual kWh Usage (Old)	BART Repl Rating (New)	Annual kW (Old		RT Repl Rating (New)
Model:							
Size (cu ft):							
Color:							
Door Hinge:	Left	Right	Lef	t 🗌 Right		☐ Left ☐ Rig	ght
Defrost:	☐Auto ☐Parti	al Auto Manual	☐Auto ☐Pa	rtial Auto Manual	□Auto	☐Partial Auto	☐Manual
Ice Maker:	☐ Inside ☐	Door None	☐ Inside ☐	☐ Door ☐ None	☐ Ins	side 🗌 Door [None
Арр	liances owned b	y the client:					
Will Remain	To Be To Removed Repla	aced 		Locatio	n	Metering Duration	Meter Reading
 	•	· ·	·	d remove the above a d remove the above a	• •		
		enzation Programs (·				
	· ·						
Eval	uator Signature: _						

Disposal Request Form

Iowa Weatherization Program

Agencies must notify the **DCAA**, in writing, of its intent to dispose of unneeded equipment or vehicles with an **original per unit purchase price of \$5,000 or more**. This form is to be used when the item being disposed of is not being replaced. In cases where the item will be replaced, use the Replacement/Purchase Request Form.

Refer to Section 9.50 of the Policies and Procedures manual for more information.

Agency Name:	Date:	Date:				
Funds used to purchase item: DOE - Admin/Support DOE - ARRA HEAP - Equipment/Training HEAP - Admin/Support Other (specify)			sed method of disp Transfer (to anothe Sell (at auction) Sell (via advertising Junk	sal: federally funded program)		
Item Des Quantity (Year/Brand/Make/Mod		_	Mileage (if applicable)	Estimated Present Value	Method for Determining Present Value	
Disposal Explanation: Include reason the anticipated timeline. Also attach su						
Agency Review:						
Agency Representative Approval:				Date:		
Agency Represtantive Title: Agency Contact Person:	(Entering your name se	erves a	s your digital signature)	_		
DCAA Review:						
DCAA Approval:						
DCAA Representative Approval:	(Entering your name se	erves a	ns your digital signature)	Date:		

Vehicle and Equipment Replacement/Purchase Request Form

Iowa Weatherization Program

The purchase/replacement of vehicles and equipment using weatherization funds <u>must</u> have prior approval. **DOE** funds must have prior **DCAA** <u>and</u> **DOE** approval when the **unit purchase price is \$5,000 or more**. **HEAP** funds must have prior **DCAA** approval when the **unit purchase price is \$5,000 or more**.

Refer to Section 9.0 of the Policy and Procedures manual.

The agency is responsible for ensuring that it has sufficient funds to cover the cost of the requested purchase.

Agency Name:		Date	:						
Funds to be used: DOE	HEAP Equipment HEAP Admin/Support	Other (spe	ecify)						
Reason new vehicle/equipment is needed:	Replacement	☐ Other (spe	ecify)						
Purchase Justification: Explain why the vehicle(s)/equipment is needed and who will be using the items. If the purchase is to replace a vehicle(s) or piece of equipment, please explain why.									
Vehicle(s)/Equipment Being Replaced (if applic	rable):								
Item Description	Mileage	Original Funding Source (HEAP/DOE/	Estimated Present	Method of Disposal					
(Year/Brand/Make/Model/VIN/Serial Number)	Quantity (if applicable)	DOE ARRA/ Other)	Value*	(Trade/Sell/Scrap/Transfer)					
TANOTE All I are a large to the									
* NOTE: All documentation relating to the vehic NADA, Ebay, or similar comparison value printo		d must accompany	this form (trade-in d	offer, Kelly Blue Book,					
New Vehicle(s)/Equipment Being Requested	:								
Item Description (Year/Brand/Make/Model/VIN/Serial Number)	Quantity	Unit Price	Trade-In or Other Credit (if applicable)	Net Cost					
(1 eat/blatid/Make/Model/VIIV/Serial Number)		Omit Frice	(іі арріісавіе)	Net Cost					
	<u> </u>								
	<u> </u>								
Was the bid proposal advertised in a newspa * Not applicable if bid was not advertised in a ne * Advertisement must be sent along with this for	ewspaper or other media.	☐ Yes ☐ No	□ N/A						
If applicable, in which media did you advertis	se?								
If applicable, dates advertised. From	To _								

Number of bid proposals sent to vend * Not applicable if bid request was adver		
Number of bids received back from ve	endors. Selected vendor w	vas low bidder. Yes No
Selected Vendor Name:		
Bid Specifications: (* In ALL cases, bid explain the reason the vendor was chose		m for review.) If vendor selected was not low bidder,
Agency Review:		
Agency Representative Approval:		Date:
Agency Represtantive Title:	(Entering your name serves as your digital signature	
Agency Contact Person:		
Agency Contact 1 5/501		
DCAA Review: DCAA Approval:	Yes No	
DCAA Representative Approval:		Date:
	(Entering your name serves as your digital signature	<i>)</i>
DOE Review: DOE Approval Needed.	: ☐ Yes ☐ No DOE Approval	l: ☐ Yes ☐ No
DOE Representative Approval:	_	Date:
	(Entering your name serves as your digital signature)
DOE Representative Title:		_
Notes:		

Revised 09/23/15

Equipment/Vehicle User Fee Approval Form

Iowa Weatherization Program

Equipment and vehicles purchased with Weatherization Program funds cannot be used for non-weatherization activities unless the Weatherization Program is compensated fairly for the use of the equipment and vehicles.

Agencies must request and receive prior approval from the DCAA before using equipment/vehicles for non-weatherization activities.

See Section 9.70 of the *Iowa Weatherization Policies and Procedures Manual* for more information.

Agency Name:		Requ	Requested Effective Date:							
		*0	nce approved, fees will be in	effect for 12 months						
EQUIPME	ENT									
on homes per job fo	quipment may only be used by agency person where they are preparing a bid for the area of a group of equipment has been establish blower machines.	gency or have been awarded	d a contract by the agend	cy. A user fee of \$25						
☐ Ir	tem User F nsulation Blower Machine \$25/D All Other Equipment (as a group) \$25/Jo Please list equipment to be rented:	ay								
Method #	must determine and indicate which meth Method #1 (split the credit between the HEAP Equ Method #2 (total credit to HEAP Equipment/Training #1	nipment/Training line item and the Sung line item)	pport line)							
this will al	may choose to split the compensation be llow the agency to recover the maintenan th are paid with support funds.		•							
		BASE COSTS								
	Vehicle Year	/	=	=						
	Vehicle Make/Model VIN (Vehicle Identification Number) Initial cost of vehicle (purchase price Useful life of vehicle (IRS Publication		(useful life of vehicle)	(cost per year)						
	Annual mileage (yearly average)	(cost per year)	(annual mileage)	(base cost per mile)						
* The bas	se cost per mile will be credited to the <u>Hi</u>	EAP Equipment/Training line	e item on the 102 Report	·						
		ANNUAL COSTS								
	Annual fuel costs (previous year)	/		=						
	Vehicle registration	(total annual costs)	(annual mileage)	(annual costs per mile)						
	Insurance coverage Annual maintenance costs (oil chair TOTAL Annual Costs	nges, tires, repairs, etc.)								

^{*} The <u>annual cost per mile</u> will be credited to the <u>HEAP Support</u> line item to offset monthly/annual expenses.

Method #2

Agencies may report 100% of the funds received as rental fees as a credit to the HEAP Equipment/Training line item on the 102 Report. Complete the calculations under Method #1 and transfer the base and annual costs per mile to this section.

	+		=	
(base cost per mile)		(annual costs per mile)		(total costs per mile)

* The base cost per mile and the annual costs per mile will be credited to the HEAP Equipment/Training line item.

Agency Review:			
Agency Representative Approval:		Date:	
	(entering your name serves as your digital signature)		
Agency Represtantive Title:			
Agency Contact Person:			
Comments			
DCAA Review:			
DCAA Approval:			
DCAA Representative Approval:		Date:	
	(entering your name serves as your digital signature)		
Comments			

Rev. 10/16/15

Fuel Switching Request

Iowa Weatherization Program

This form should be used when requesting approval to switch fuel sources in a dwelling. By sending this request, the agency is certifying the client agrees to the fuel switch and has signed a statement from the agency confirming the agreement. If the switch is due to health and safety and results in converting to a higher cost fuel, the agency has explained this to the client.

-			_ Date:Phone:
Address:			_ File Number: _ City, Zip:
Appliance (one request per applia Furnace Water Hea	nce) —	ason for Fuel Switch Cost-Effectiveness Health & Safety	Fuel Type/Costs Current Fuel Type: Proposed Fuel Type: Estimated Additional Cost to Switch Fuel:
Reason for fuel swi	<u>cch</u> (approval u	will not be given witho	ut an explanation):
DCAA Review	V	N	Date
DCAA Approval: Reviewed By:	Yes	No	Date:
Notes:	y in the client house file		

Fuel Switching Request Calculations Worksheet

Iowa Weatherization Program

This form should be used in conjunction with the Fuel Switching Request form when requesting approval to switch heating unit fuel sources for any reason. Complete one calculation sheet per heating unit.

SECTION A (complete fields for existing unit efficiency and proposed unit efficiency) Fuel Source Existing Proposed	Btu's Btu's
Complete fields for existing unit efficiency and proposed unit efficiency) Fuel Source	Btu's Btu's
Existing Proposed Electric	Btu's Btu's
□ □ Electric	Btu's Btu's
Fuel cost per kWh (see chart below or enter other cost) Natural Gas	Btu's Btu's
□ Natural Gas x 10 = / = Fuel cost per therm (see chart below or enter other cost) Efficiency as a decimal Cost per Million of the cost □ Tuel Oil x 7.14 = / =	Btu's Btu's
Fuel cost per therm (see chart below or enter other cost) Efficiency as a decimal Cost per Million of the cost of	Btu's
□ □ Fuel Oil x 7.14 = =	Btu's
Fuel cost per gallon (see chart below or enter other cost) Efficiency as a decimal Cost per Million I	
	Stu's
	Btu s
Fuel cost per gallon (see chart below or enter other cost) Efficiency as a decimal Cost per Million of the cost per Million	
Pump x 292 = / =	
Fuel cost per kWh (see chart below or enter other cost) Efficiency as a decimal Cost per Million	Rtu's
Fuel cost per Kiril (see chart below of chick only cost)	Diu o
Statewide Average Fuel Costs	
Electric \$0.105 cost per kWh	
Natural Gas \$0.930 cost per therm	
Fuel Oil \$3.490 cost per gallon	
Propane \$1.860 cost per gallon	
SECTION B	
1. MILLION Btu's used in the last 12 months*	
(This information is obtained from the client utility usage report or bill AND converted into Million Btu's using the Btu Conversion Factors below)	
(Make sure the conversion is to MILLION Btu's)	
(*NOTE: If this is an ALL-ELECTRIC home, only indicate Btu's used from the October through May)	
2. Fuel Cost (existing system) x MILLION Btu's	
Existing system fuel cost per Million Btu's (from Section A above) x Million Btu's used last winter (from Section B Line 1)	
3. Fuel Cost (proposed system) x MILLION Btu's Proposed system fuel cost per Million Btu's (from Section A above) x Million Btu's used last winter (from Section B Line 1)	
Savings:	
/ = (If the payback is <u>less than</u> 15 years, it is cost effective to switch fuels)	
*Total installation cost Savings Payback in years	
*Includes cost of appliance, ductwork, etc.	
Appliance Efficiency Voy	
Appliance Efficiency Key Btu Conversion Factors	
<u>Appliance</u> <u>Efficiency Range</u> <u>Efficiency as a Decimal</u> <u>Electric</u> 1 kWh = 3,400 Btu's	I
Electric 100% 1 Natural Gas 1 CCF = 100,000 Btu's	
Natural Gas or Propane 70% - 98% .7098 Natural Gas 1 therm = 100,000 Btu's Oil 70% - 80% .7080 Propane 1 gallon = 91,300 Btu's	

Air-to-Air Heat Pump

100% - 180%+

1.0 - 1.8+

Fuel Oil

1 gallon = 135,000 Btu's

Fuel Switching Request Calculations Worksheet

Iowa Weatherization Program

This form should be used in conjunction with the Fuel Switching Request form when requesting approval to switch heating unit fuel sources for any reason. Complete one calculation sheet per heating unit.

Client Name	e:				File	Number:				
Address:				_	City	, State:				
				SECTION A	۹.					
- 10		(comple	te fields for existir		_	proposed unit ef	ficien	cy)		
Fuel So Existing F	ource Proposed									
		Electric		x 292	=	\$0.0000	/		=	
		Fuel cost per kWh (se	e chart below or	enter other cost)	-			Efficiency as a decimal		Cost per Million Btu's
		Natural Gas	\$0.9300	x 10	=	\$9.3000	/	0.95	=	\$9.79
		Fuel cost per therm (se	ee chart below or	enter other cost,	-			Efficiency as a decimal		Cost per Million Btu's
		Fuel Oil	\$2.5000	x 7.14	=	\$17.8500	/	0.65	=	\$27.46
		Fuel cost per gallon (se	ee chart below or	enter other cost,	, -			Efficiency as a decimal		Cost per Million Btu's
		Propane		x 11.1	=	\$0.0000	/		=	
		Fuel cost per gallon (se	ee chart below or	enter other cost,	_			Efficiency as a decimal		Cost per Million Btu's
_	_	Air-to-Air Heat								
		Pump		x 292	=_	\$0.0000	_/		=	
		Fuel cost per kWh (se	e chart below or	enter other cost)				Efficiency as a decimal		Cost per Million Btu's
Sta	tewide Avera	ge Fuel Costs								
Electric	\$0.105	cost per kWh								
Natural Gas	*	cost per therm								
Fuel Oil	\$3.490	cost per gallon								
Propane	\$1.860	cost per gallon			_					
				SECTION I	_	used 1 000 galle	one fu	el oil) (1 gal fuel oil = 135,	റററ	Rtu'e)
1. MILLION	Btu's used in	the last 12 months*		135				00 Btu's = 135,000,000 Bt		•
		n the client utility usage repo	ort or bill AND cor	verted into Millio	n Btu	's using the Btu	Conv	rersion Factors below)		
,	conversion is to	MILLION Btu's) CTRIC home, only indicate E	Stu's used from th	ne October throug	nh M	av)				
(NOTE: II und	s is all ALL-LLLC	Trice Home, only indicate L	nu s useu nom u	ie October umoug	jii ivid	<i>zy)</i>				
	, , ,) x <u>MILLION</u> Btu's		\$3,707.10		•		Btu's = \$27.46) (\$27.46)	(135	5 = \$3,707.10)
Existing systen	n fuel cost per Mill	lion Btu's (from Section A ab	ove) x Million Btu	's used last winte	er (fro	om Section B Lin	ie 1)			
3. Fuel Cost	(proposed system	m) x MILLION Btu's		\$1,321.65	(natural gas cost	per N	Million Btu's = \$9.79) (\$9.79	9 x 1	35 = \$1,321.65)
Proposed syste	em fuel cost per N	Million Btu's (from Section A	above) x Million E	tu's used last wir	nter (from Section B L	ine 1)		
		Sa	vings:	\$2,385.45						
\$2,700	.00 /		_	1.13	/IE 41-		41	. 45 it is sent offer		to assistate finale)
*Total installation		\$2,385.45 Savings	_ = Payl	pack in years	(II TII	e payback is <u>ies</u>	ss tria	<u>n</u> 15 years, it is cost effec	uve	to switch luels)
		·	·	·						
*Includes co	st of appliance	e, ductwork, etc.								
	<u>.</u>	Appliance Efficiency	Key					Btu Convers	ion	Factors
Apr	oliance	Efficiency Range	Efficiency a	s a Decimal			Ele	ctric 1 kWh	=	3,400 Btu's
Electric		100%		1					=	100,000 Btu's
Natural Gas	_	70% - 98%		98				tural Gas 1 therm	_	100,000 Btu's

1.0 - 1.8+

Air-to-Air Heat Pump

100% - 180%+

135,000 Btu's

Fuel Oil

1 gallon =

Exempt from SHPO Review Project Determination Form

After referencing the Programmatic Memorandum of Understanding (PMOU) to verify that the project activity does not need to be reviewed by SHPO, use this form to document compliance with the SHPO consultation portion of Section 106. A copy must be in each house file.

As an example, here are the steps you should take:

- Evaluate the home
- Compare measures to be done on the home with Appendix A and B of the PMOU

Signature and Title of Certifying Officer of Applicant

• If all proposed measures to the home are included in Appendix A and/or B, the house is less than 45 years or it is a mobile home, then fill out this form, sign and date it, and include the original in your house file.

Agency Name: Contract Number:						
For more information on this request, contact:						
Contact Name:	Contact Phone #:					
Project Address (Street, City, Zip):	Project County:					
Wx File Number:						
Project Description: (check all that apply – use additional page	e to describe other types of work)					
Air sealing Thermal insulation (wall, attic foundation, floor) Attic ventilation (roof, gable, soffit) (not visible from publi Replace/repair water heater (using existing venting or ver Replace/repair furnace (using existing venting or venting Furnace clean and tune Compact fluorescent bulbs Refrigerator/freezer replacement Smoke and/or CO alarm Exhaust fans (venting not visible from public right-of-way) Showerhead/faucet aerators/water pipe wrap Minor repair to doors and/or windows (work closely resen New door (door openings are not altered and not visible f New window (replacement of vinyl windows with ones ref Other repair work (please describe)	nting not visible from public right-of-way) not visible from public right-of-way)) nbles existing wood work) from public right-of-way)					
Reason Project Activity is Exempt from SHPO Review: (re	produce reason from the Programmatic Agreement (PA))					
All proposed measures are included in exhibit A and/or B of the MOU Age of home – house is years old Mobile home						
Pictures: Take a "before" picture of the primary façade Include in house file.	of any buildings directly impacted by the project activities.					
	ertify that: I am authorized to and do consent to assume the status of licy Act of 1969 and each provision of law designated in the 24 CFR					

Date

REQUEST FOR SHPO COMMENT

This is a new submittal				
This is additional information relating to SHPO R&C #:				
preservation/review-and-compliance/index.html under "Review	ne User's Manual, found online at www.iowahistory.org/historic-v and Compliance". If you have questions while completing the form, oject administrator or SHPO, as appropriate. Please attach a copy of rization form to your submittal, if applicable.			
activities. The APE should include the project area, all ease	ensive description of the Area of Potential Effect (APE) and project ments, burrow areas, equipment and material storage and staging ing activities including three-dimensional parameters (length, width			
I. General Information				
Project Name/Property Owner:	Wx File Number:			
Property Street and Number:	City, State, Zip:			
	County:			
Lead Federal Agency: <u>DOE</u> Federal Funding Program/Pe	ermit: <u>DOE WAP</u>			
Contact Person on Project:	Contact Email:			
Contact Street and Number: Contact Phone:				
City, State, Zip:				
each of the items requested.	chaeological and/or architectural review of the project and include			
Archaeology				
	d name and APE outlined (maps on line at <u>www.ortho.gis.iastate.edu</u>)			
Site plan showing limits of proposed activities o				
Aerial photo: zoom to project area (photos on				
Description of width and depth of proposed exc				
OSA site file search, Phase IA or Phase I (which	never is appropriate per Users Manual)			
Legal location: Section(s):	Township: Range(s):			
Architecture				
Date or original construction for the building	City Investment Counting to A			
Previous site information available (contact low	a Site Inventory Coordinator) ilable online at www.iowahistory.org/preservation)			
Clear photos of property and surrounding area				
	clearly defined (Quad map or city plat map – see Users Manual)			

Copy of county or city assessor's card record or other appropriate property information (see Users Manual)
Detailed description of proposed action, including copy of project specifications if applicable
III. Applicant Certification (Check either Adverse Effect or No Adverse Effect for Historic Property Affected category)
Determination of Effect (check one)
No historic properties will be affected (i.e., none are present or there are historic properties present but the project will have no effect upon them)
No adverse effect to a historic property (i.e., historic property is present and affected. However, the project either has no adverse effect on the historic property, or the applicant or other federally authorized representative will consult with SHPC to modify the project or impose conditions to avoid adverse effects)
Adverse effect to a historic property (i.e., historic property is present and adversely affected. The applicant, or other federal authorized representative, will consult with the SHPO and other consulting parties to resolve the adverse effect.)
I understand that the SHPO has 30 days from receipt to object to the finding, after which the SHPO waives its opportunity to comment on this undertaking.
Federally Authorized Signature: Date:
Typed Name and Title:
Submit one copy with each property for which our comment is requested.
Return to: Review and Compliance Coordinator, State Historic Preservation Office, 600 E. Locust St. Des Moines, IA 50319-0290

Instructions for Exempt from SHPO Review, Project Description Form

Please print or type this form

Once it has been determined that the house is not subject to SHPO Section 106 review, complete this form and maintain it in the appropriate client/house file.

- 1. Agency Name: self explanatory
- 2. Contract Number: fill in your agency's weatherization contract number (i.e. DOE-ARRA-09-01B)
- 3. Contact name: indicate name of person to contact with questions about this house
- 4. Contact phone number: include phone number of person listed in #3
- 5. Project Address: record the street number, street name, city and zip code of the house
- 6. Project County: indicate county where house is located
- 7. WX File Number: record the complete file number including agency number(i.e. 04-01-123)
- 8. Project Description: check the measures you will be completing on the house, if there are other measures not listed, but are included in Appendix A and/or B attach a separate sheet of paper listing those measures and where they are in the Appendix.
- 9. Reason Project Activity is Exempt: check the appropriate line. If the property is exempt because it is less than 45 years old, indicate the age of the house.
- 10. Pictures: Include a digital picture of the front of the house
- 11. Applicant Certification: sign and date the form
- 12. Maintain the form and photo in the appropriate client/house file
- 13. You may begin work on the house

Instructions for Request for SHPO Comment

Please print or type this form

If a house is not exempt from SHPO review, complete Section I (General Information) of this form and send it to SHPO.

- 1. Project Name or Property Owner: Name of client
- 2. Property Street and Number: self explanatory
- 3. County: self explanatory
- 4. City: self explanatory
- 5. Zip: self explanatory
- 6. Lead Federal Agency: DOE
- 7. WX File Number: record the complete file number including agency number(i.e. 04-01-123)
- 8. Federal Funding Program/Permit: DOE WAP
- 9. Contact Person on Project: indicate name of person to contact with questions about this house
- 10. Contact Address, City, State, Zip: address of person listed in #9
- 11. Email, Phone: of person listed in #9
- 12. With the form you must send:
 - a. Digital pictures of all sides of the house
 - b. Digital pictures of the streetscape each way down the street from the house
 - c. Digital pictures of areas where work will be performed
 - d. Copy of the county assessor's card of the property
 - e. Detailed description of all the work to be completed
- 13. Send the form and all required information to SHPO <u>you may not begin work on the house</u> until completion of the SHPO Section 106 review.

Multi-Unit Dwelling Approval Form Iowa Weatherization Programs

For projects using NEAT Audit

This form **must** be used when requesting approval from DCAA to weatherize dwellings that contain between <u>five (5)</u> and twenty four (24) individually heated units. The NEAT audit can be used on this type dwelling.

Agency:	Date:
Agency Contact Person for Project:	Contact Person Phone:
Project Name:	Address, City:
	Project Person Phone:
Private Private Private Project Ownership: (for profit) (non-profit)	t) Public/Municipal Other (please describe)
Total number of buildings in project:	<u>_</u>
Number of units per building (if varied, attach list of	number of units by building):
Number of stories per building (if varied, attach list	of number of stories by building):
Size of units (if varied, give size range or average size) 1 bedroom unit sq ft 2 bedroom unit sq ft 3 bedroom unit sq ft) <i>:</i>
Configuration of building: Separate exterior entrance for each unit (III. Common exterior entrance used for multiple Other (please describe)	e units (common halls/stair areas)
Roof configuration: Flat Pitched	
Method used to determine 66% tenant eligibility: Property on DOE list of eligible units – List Eligibility determined by local agency throu Other (please describe)	# gh client application process
Description of how the agency will ensure that the	e weatherization benefits will accrue to the tenants:
Anticipated date of project completion:	
Do any heating systems or water heaters need to If yes, has the landlord agreed to pay the co	
	ach different type of unit in each building? Yes No (including a Attach a copy of the NEAT Audit runs for each different type of unit.
Describe energy efficiency measures to be installed	ed:
Describe any health and safety issues that will be	mitigated using program funds (include estimated cost of mitigation):
Describe any repairs required to complete project	t (include estimated cost of repairs):
Estimated cost of all weatherization work including tenants x \$6,987 {current DOE per home average}): \$_	ng health and safety costs (total costs are limited to number of eligible
	DCAA Review
Approval: Yes No Reviewed By: Comments:	

Multi-Unit Dwelling Approval Form

Iowa Weatherization Programs

For projects using different audit tool

This form **must** be used when requesting approval from DCAA to weatherize dwellings that contain more than 24 units or between 5 and 24 with a single heating system. The NEAT audit cannot be used on this type dwelling; an alternative audit, EA-Quip or TREAT, must be used.

Agency:	Date:					
Agency Contact Person for Project:	Contact Person Phone:					
Procedural Review Process						
Project Name:	Address, City:					
Project Contact Person:	Project Person Phone:					
Private Private Project Ownership: (for profit) (non-profit)	Public/Municipal Other (please describe)					
Total number of buildings in project:						
Number of units per building (if varied, attach list of number	of units by building):					
Number of stories per building (if varied, attach list of numb	er of stories by building):					
Size of units (if varied, give size range or average size): 1 bedroom unit sq ft 2 bedroom unit sq ft 3 bedroom unit sq ft						
Configuration of building: Separate exterior entrance for each unit (little or no Common exterior entrance used for multiple units (component of the component	common halls/stair areas)					
Roof configuration: Flat Pitched						
Method used to determine 66% tenant eligibility: Property on DOE list of eligible units – List # Eligibility determined by local agency through client of the control of t						
Description of how the agency will ensure that the weath	nerization benefits will accrue to the tenants:					
Describe planned audit procedures using either EA-Quip	or TREAT:					
	edural Review					
Approval: Yes No						

Work Plan Review

Anticipated date of project completion:

Do any heating systems or water heaters need to be repaired or replaced? Yes No
If yes, has the landlord agreed to pay the cost of the repair/replacements? Yes No

Describe energy efficiency measures to be installed:

Describe any health and safety issues that will be mitigated using program funds (include estimated cost of mitigation):

Describe any repairs required to complete project (include estimated cost of repairs):

Estimated cost of all weatherization work including health and safety costs (total costs are limited to number of eligible tenants x \$6,987 {current DOE per home average}): \$_______

DCAA Work Plan Review

Approval: _____ Yes ____ No

Reviewed By: ______ Date: ______

Comments: ______

Approval for Electrical Measures

Iowa Weatherization Program (pilot program to replace knob and tube wiring in homes)

Agency	Date
Contact Person	Phone
Client Name	File Number
Address	City, Zip
Phone	Ownership
This form is to be used to request approval to use HEAP Pilot wiring and service only in owner-occupied homes, in order to i receive complete weatherization services are to receive these The HEAP Pilot Project Funds are for a maximum of \$5,000. (expenditure limits) may also be used to upgrade or replace K8 limits must be paid from other sources, such as HUD, FmHA,	nstall weatherization measures. Only homes that will electrical measures. General Health & Safety weatherization funds (within &T wiring/service. Any additional expenses above these
Provide a brief description of the work to be done.	
Enter the cost to perform the work stated above.	
Are there any repairs costs as a result of this work included in cost to complete the repairs?	n the bid amount submitted? If not, what is the estimated
List each funding source and the amount that each source wi Repairs, HUD, USDA, client contributions, etc.	Il contribute toward this project (General Health & Safety
* Email completed form to Chris Bracy at chris.bracy@iowa.go	<u>ov</u> .
DCAA Review	
Approval Yes No	
Reviewed By	Date
Comments	

Approval for Additional Insulation Measures

Utility Company:
Date:
CAP Agency Name:
CAP Agency Contact Person (include e-mail):
CAP Agency Telephone:
Client Name:
Client Address:
Utility funds to be expended to complete the insulation at this address: \$ (Include brief explanation)
Request approved denied
By utility company representative:
Submit to:

Alliant – Rob Buchanan – <u>RobBuchanan@alliantenergy.com</u> Black Hills – Jim Dillon – <u>Jim.Dillon@blackhillscorp.com</u>

Approval for Additional Insulation Measures

Utility Company: MidAmerican Energy Company
Date:
CAP Agency Name:
CAP Agency Contact Person (include e-mail):
CAP Agency Telephone:
Client Name:
Client Address:
Utility funds to be expended to complete the insulation at this address:
Insulated areas of the home include:
Request approved denied
By utility company representative: Erin Rasmussen

Please scan and email or fax completed waiver request to:

Erin Rasmussen Energy Efficiency Product Manager Erasmussen@midamerican.com

Phone: 563-333-8873

\$12,000 Expenditure Limit Waiver Request

Iowa Weatherization Program

DCAA prior approval is required when estimated labor and material costs of ALL measures will be more than \$12,000.

Agency Name:		Date:						
Agency Contact Person:		Phone Number:						
Client Name:		File Number:						
Address:		City, Zip:						
Phone Number:		SIR:						
Total Estimated Costs:	Matarial Cast	Labar Casti	Total Coats					
Insulation (attic, walls, foundation, bandjoists, etc.) Infiltration (weatherstrip, caulk, liquid foam, etc.) Air Sealing (rigid foam, bypass sealing materials, etc.) Heating System Water Heater Furnace and Water Heater Venting Other Health & Safety Refrigerator Freezer General Health & Safety Repair (refer to limit) Incidental Repair (refer to limit) Ventilation (duct, termination, wiring of fan, etc.) Other TOTAL: List all funds and dollar amounts to be used:	Material Cost:	Labor Cost:	Total Cost: OTHER (specify)					
CL	IENT	Total						
	R HEALTH & SAFE 'AIR, or OTHER cat	any of the cost categori TY, GENERAL HEALT egory, describe what is <u>vithout an explanation.</u>	H & SAFETY REPAIR,					
DCAA REVIEW:								
DCAA Approval:								
Reviewed By:			Date:					
Notes:								
				Revised 04/08/15				

\$12,000 Expenditure Limit Waiver Request Form Explanation

Iowa Weatherization Program

DCAA prior approval is required when estimated labor and material costs will be more than \$12,000.

SIR Field

* List the SIR that is given by the NEAT/MHEA Audit for this home. Costs for insulation, incidental repairs, infiltration, and heating system should be included in the NEAT/MHEA SIR.

Total Estimated Costs Section

- * The estimated costs are to be entered under the correct category.
- * General Health and Safety Repairs are those items listed in section 7020 of the Work Standards. Refer to the Weatherization General Appendix for the current expenditure limit. There are no waivers for this limit.
- * Incidental Repairs are items listed in section 7010 of the Work Standards. The cost is limited by the NEAT/MHEA Audit (i.e. the costs must be included in the NEAT/MHEA Audit's SIR calculation and the cumulative SIR must be at least 1.0). However, if the cost seems unusually high, the waiver may be denied or more information may be needed for its approval. For more information on this category put your cursor on the red triangle in this cell.
- * Other usually consists of water heater measures and CFLs.
- * The costs need to be broken out by funding source and the ending total should be the same as that listed above.
- * ECIP funds are included in the limit as are DOE, HEAP, and Utility funds. Client contributions and other should be listed if known, but usually don't count towards the limit.
- * When any of the listed costs are high, an explanation of why they are high, should be listed. Some examples of this are; installing drywall to separate the garage from the home, removing and drywalling over a suspended ceiling, a lot of blockers in the sidewalls, difficulty in removing the siding, exceptionally large home with 3500 sq.ft., etc.

STATE OF IOWA

GAX

1				1			DEPAR	MEN'	Γ OF I	HUMAN	RIGHTS								
	BUD	GET F	Y	GENERAL ACCOUNTING EXPENDITURE DOCUMENT						NUMB	ER								
		12			Di	ATE			ACCTG	PERIOD (mm/	уу)					_			
			VENDOR C	ODE								AGEN	CY NAME						
		VENDO	OR NAME AN	D ADDRES	S			BILL	TO ADDR	ESS (ORDERI	NG AGENCY))				SHIP TO	O ADDRESS		
														Sar	ne				
		TERMS	5		FC	ЭВ				ORDER A	PPROVED BY	,				GO	ODS RECEIVE PERFOR		<u>s</u>
	QU	ANTITY		VEND	OR'S INVOIC	CE DATE				VENDOR'S IN	IVOICE NUME	BER				DATE	INIT	TITALS	
ORD	ERED	REC	CEIVED	UNIT OF	MEASURE										UNIT PRI	CE	TO	TAL PRICE	
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						Employ	/ee: _					_							
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CLAIM	E ANT'S SIGI	NATURE (CAA)		TITLE						AUTHORIZI	ED SIGI	NATURE	TURE					
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DOC	TYPE		DOC N	UMBER		DC	OC DATE	AC	ACCTG PRD BUDGET ACTION PO SHIP PV FY NEW/MOD INSTR TYPE							INT SELLER FUND	INT SE AG(
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01	0190	379	235A				2483												
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GAX

WARRANT #

AUDITED BY PAID DATE

WEATHERIZATION ASSISTANCE CLOSEOUT FORM

Agency	Name:
Contrac	t Number

Line Item	Budget	Expenditures
Administration		
Health & Safety		
Support		
Labor		
Materials		
Liability Insurance		
Other: (please list)		
Total Budget		
Expenditures to Date		
Payments Received to Date		
Payment Requested not Received		
Funds Returned/Funds Requested		

Preparer Name :	
Preparer Title:	
Executive Director:	
Executive Director Signature:	
Date:	
Submit two copies of this form with the conformation of the confor	,

This form is to be used for all Weatherization Contracts.

10/14/2004

Weatherization Audit/Inspection Form (Stick-Built Homes)

Weatherization Client Authorization and Disclosure Statements

I have had the weatherization measures that I may qualify for, explained to me and understand that this work will be done at no cost to me. Completion of weatherization services are dependent upon availability of federal funding.

Materials and equipment installed in an eligible dwelling by the low-income weatherization program shall remain in the dwelling. In the event the homeowner or landlord sells the property as a habitable dwelling, materials and equipment installed by the Iowa Low-Income Weatherization Assistance Program shall remain in the dwelling.

Energy Auditor Name:		Client Name:						
Agency Name:		Address:						
Address:		City, Zip:						
City, Zip:		Phone:						
Phone:		File Numb	er:					
Energy Auditor Signature	Date		Client Signature	Date				
	QCI FI	NAL INSPECTION						
"I have completed an on-site inspect followed, quality work was performed weatherization safety check was co	ed, materials me	eet minimum standai						
	Clien	nt Signature	Date					
				CWR (Y/N)				
QCI Inspector Printed Name	QCI Insp	ector Signature	Date					
QCI Certification Number								
	QCI FINA	AL RE-INSPECTIO	N					
				CWR (Y/N)				
QCI Inspector Printed Name	QCI Insp	pector Signature	Date					
QCI Certification Number								

	Wx Audit	t/Inspection (Stick-Built Homes)
File #:	AFN #:	App Date: Audit Date: Auditor Name: Exposed/ Walkout
Name:		
County:		<u>Pre-Temperature</u> <u>Post Temperature</u>
	Alt Phone #:	
	House Faces:	
Landlord Information:		Blower Door Air Leakage Rate (CFM)
		Pre-Retrofit: @ Pascals Ring Used:
		Post-Retrofit: @ Pascals Location of BD:
Housing Type:	# Occupants:	
O	# D. d	
	" =	
	LOWB	
Siding Type:	SHPO Review Req'd:	
		Method: House to Garage Pressure (Pre):
		Beginning CFM: House to Garage Pressure (Post):
		Ending CFM:
	Vermiculite	Knob & Tube Wiring
Vermiculite Present in Ho		Knob & Tube Wiring Present in Home:
Results of Testing:		# Fuses Present: Amperage:

				alls				Windows							
Wall		urfaces	Existing In		Additional	Insulation	Exposed/	#/Wall						T	#/
Code	Dimen/ Depth	Gross Area	Туре	R- Value	Type	R- Value/#	Buffered	Code	Dimen	Туре	Repair	Code	Dimen	Type	Repai
				10.00		1 3 5,									
						 									
															+
															
				-											_
												-			
Nall C	odes: N-N	orth S-Soi	uth E=East	W-West	Dii	men/Denth	: length and	l height	Fynos	 ed/Buffered: (Jutside Ru	ffered Att	ic		
										Rockwool, Po					
Vindo	w Types: \	Nood, Meta	al, Imp Meta	l (Improv	ed Metal),	None, Sing	le, Double,	Double Lo	w-E, Single	e w/Metal Sto	rm, Single	w/Wood S	torm		
					6		AUDI	TOR Note	:S						
				<u>CWR</u> (Y/N)	Standards Citation	<u>i.</u>									
	Document	ation and n	hotos of	(1/11)	Citation										
		ation and pl ndow(s) su													
	replaceme		фроге												
				CM/D	Ctandarda		QCI Not	es/Conce	erns						
				(Y/N)	Standards Citation	<u>i_</u>									
	Insulated t	o Correct R	R-Value	(1/14/	Cicacion										
	Wall Plugs Match	Patched ar	nd Painted to)											
		dition Good	d												
		nstalled to													
		alled to Star													
		ation and P													
		indow(s) Su													
	Insulation														
	Other	-c. ancate													
	Other														
	Other Other														

					Doors Repair/Replace		Most	orctrin	C···	ıoon	The	chold	
Wall	Dimen/	Туре		Storm		Work		nerstrip		reep		hreshold	
ode	Depth	Туре		30111	Work that needs to be done	Complete	Needed	Installed	Needed	eded Installed Needed		Install	
						Complete							
												\vdash	
II Co.	daa. NI NI	orth S = South E	Cost M	l Maat C	Storm: A=Adequate D=Deteriorated	N None							
11 COC	nes. N = N	Core Wood Colie	= EdSL V	v = vvest 3	sol Single Page Sliding Class Double	Dana Clidina Cl	200						
л гу	pes. Hollov	Core wood, Sond	I COIE WO	ou, msulateu st	eel, Single Pane Sliding Glass, Double AUDITOR Notes	raile Siluling Gi	a55						
			CWR	Standards	NOSETON NOCCO								
			(Y/N)	Citation									
	Documents	tion and photos	1.1										
	of existing	door(s) support											
	replacemer	it											
	replacemen												
					COT NILL 10								
			CILIE	Charal I	QCI Notes/Concerns								
			CWR	Standards Citation									
			<u>(Y/N)</u>	<u>Citation</u>									
	Door(s) Ins	talled to											
	Standards												
		tion and photos											
	of existing	door(s) support											
	replacemer	t											
	Weatherstr	ps, sweeps and											
	thresholds	installed to											
	standards												

	Attics										
Desc	Area	Floored/	Existing	Access		kisting Insulatio			ditional Insulation	Open	Air Sealing Notes
	700	Unfloored		, , , , , , , , , , , , , , , , , , , ,	Туре	Depth/F	R-Value	Туре	Depth/R-Value/#	Bypasses	7 2
Metal	Damming			Scuttle Lid			Scuttle W/S		ļ	Scuttle Ho	le Damming
				Scuttle Liu						+	-
	Insulation	AT2 _ A##	• 2 AT2 -	Λ ι ιο 2 ΑΤ	Γ4 - Λ !! :α 4 - Γ	DD/CL — Doof D	Vents	CD - Calla	r Beam KW = Kneewall		led Ceiling
									ed, Pull-Down Stairs, Do		
									ool, Balsam Wool, 2-Part		
						AUDITO	R Notes				
						QCI Notes	/Concerns				
			CWR (Y/N)	Standards Citation							
	Attic Access	Soalod		Citation							
	•				A++:- 1		#:- 2		A44:- 2	A44: - 4	
	Check Insul	ation Depth			Attic 1	A	ittic 2		Attic 3	Attic 4	
	to R-Value										
	Heat Source	es Shielded									
	By-Passes S										
	Photo Docu										
	Supports By	pass Sealing									
	Floor Dense	-Packed to			Floor 1	F	loor 2		Floor 3	Floor	4
	R-value										
	Slants Dens	e-Packed to			Slant 1	Ç	Slant 2		Slant 3	Slant	4
	R-value	e ruckeu to									
		laka d ka D			Kneewall 1		Kneewall 2		Kneewall 3	Knee	wall 4
	Value	sulated to R-			corruit 1					MICC	
	valuC				Attic 1	Α	#ic 2		Attic 2	Λ±: 4	
	ALLES AV. 1				Attic 1	A	ittic 2		Attic 3	Attic 4	
	Attic Vented	1									
					Attic 1	A	ttic 2		Attic 3	Attic 4	
	Brick Chimn	ey Sealed									
					Attic 1	А	ttic 2		Attic 3	Attic 4	
	Chimney Ve	nts Outside									
	-				Attic 1	Α	ttic 2		Attic 3	Attic 4	
	Insulation C	Certificate(s)									
					Attic 1	٨	attic 2		Attic 3	Attic 4	
	Donth Mari	orc			/ icuc 1		<u> </u>		, tute 5	ALLIC 4	
	Depth Mark	ers			****				A D		
					Attic 1	A	ttic 2		Attic 3	Attic 4	
	Junction Bo										
	Suspended	Ceiling(s)									
	Other										
	Other										
Attics	•						Page 5				Rev. 01/19/23
·····C							r age 3				I/CA: 01/12/5

				Foundation Spa	ces / Crawlspaces	/ Exposed Floors	/ Underbe	lly		
Desc	Wall	Exp %	Area	Perimeter	Randioict Material	/ Joist Space / Area	Vapor	Wall	Grade	Notes
Desc	Height	LXP 70	Alea	rennetei	Danujoist Material	/ Joist Space / Area	Barrier	Insulation	Door	110005
Desc:	CS=Crawls	pace BJ=	Bandjoist OE	B=Open Basement S=	Slab US=Uninsulat	ed Slab EF=Exposed	d Floor C=	Cantilever		
					AUDITOF	R Notes				
					QCI Notes/	Concerns				
				Standard Standard						
	Bandjoist I	nsulation t	o Correct	CWR (Y/N) s Citation						
	R-Value	. iisaladoii (o correct							
					Crawlspace 1	Crawlspace 2		Crawlspace	2	Crawlspace 4
	Crawlspace	e Insulatio	n to Correct		Crawispace 1	Crawispace 2		Crawispace	3	Crawispace 4
	R-Value Vapor Barr	ior Installa	d and							
	Completely		a anu							
	Crawlspace									
	Foundation	Condition	ı							
	Exterior Ba									
	Insulation	Certificate	(s) for							
	Bandjoist									
	Insulation	Certificate	(s) for	,	Crawlspace 1	Crawlspace 2		Crawlspace	3	Crawlspace 4
	Crawlspace		(0)							
	Photo Doci		n of Above							
	Areas									

riie #:				AFN	ı #:			Square Fo	otage per Floor					
Name:								Basement1st Floor2nd FloorCrawlspace						
Address	·													
City, Zip	:							Heati	ng System					
Phone #	:			Ηοι	using Ty	pe:		Existing Furnace	Replacement Furnace					
County:				Owr	nership:			Make:	Make:					
Dua	Doot	QCI		Caba	n Mana	vida								
<u>Pre</u>	<u>Post</u>	<u>Final</u>		Cabo	n Mond	xiae		Model:	Model:					
			Ambient	t				Serial #:	Serial #:					
			Oven	(Fuel Typ	pe:)			Heating Type:	Heating Type:					
			Furnace	<u> </u>				Fuel Type: Height:	Fuel Type:					
			Water F	leater				Input Rating (Units/kBtu/hr):	Input Rating (Units/kBtu/hr):					
			Persona	I CO				Output Capacity (kBtu/hr):	Output Capacity (kBtu/hr):					
Pre	Post	QCI		Vo	ntilatio	'n								
PIE	PUSL	<u>Final</u>			illiauc	,111 		Steady State (%):Age:	Steady State (%):					
			Furnace	Draft				Vent Diameter: Flow:	Vent Diameter:Flow:					
			Furnace	Spillage	!			Location:	Location:					
			Water F	leater Dr	aft			Tuneup Recommended:	Tuneup Done: Venting Installed:					
			Water F	leater Sp	illage			Rated Temp Rise:	Rated Temp Rise:					
			Flex Gas	s Line/Ap	pliance	Connect	or	Ductwork Sealed:	Ductwork Sealed:					
			CAZ Vol	ume (Co	mbustio	n Air)		Filter Size:	Filter Size:					
			CAZ WR	RT Outsid	le Base			Pre-Temperature Rise	Pre-Temperature Rise					
			CAZ WR	RT Outsid	le Worst	Case Se	etup	Supply Return Difference	Supply Return Difference					
				RT Main E				Pre-Static Pressure	Pre-Static Pressure					
				uel/Corre		ng for Fi	uel							
			Туре					Before Filter Before A-Coil	Before Filter Before A-Coil					
			House t	o Attic Pi	ressure	1		After Filter After A-Coil	After Filter After A-Coil					
			House t	o Attic Pi	ressure	2		Are the following present?	Are the following present?					
			House t	o Attic Pi	ressure	3		Power Burner IID	Power Burner IID					
			Check fo	or Gas Le	eaks			Smart Thermostat Pilot Smart Thermostat Pilot						
Retu	ırn Duc	t Press	ures	Supp	oly Duc	t Pressı	ures							
Location	Pre	Post	QCI	Location	Pre	Post	QCI	AUDT	TOR Notes					
20000.011		1000	<u>Final</u>	200000		1000	<u>Final</u>	AG2.	- 01.110105					
									er Heater					
								Existing Water Heater	Replacement Water Heater					
		F		ressures	•			Make:	Make:					
Location	<u>Pre</u>	<u>Post</u>	QCI_	Location	<u>Pre</u>	Post	QCI		L					
			<u>Final</u>				<u>Finai</u>	Model:	Model:					
								Serial #:	Serial #:					
								Water Heater Type:	Water Heater Type:					
								Fuel Type: Gallons:	Fuel Type: Gallons:					
								Input Rating (Units/kBtu/hr):	Input Rating (Units/kBtu/hr):					
			LIDTE C	D 11 - 1				Max Height: Water Temp:	Eff Rating: Water Temp:					
				R Notes				Vent Diameter: Pipe Type:	Vent Diameter: Pipe Type:					
	Zone Pr	essure N	lotes (in	terconne	ction lea	akages)		Pressure Relief Valve Tube:	Pressure Relief Valve Tube:					
									Venting Installed:					
								AUDI	TOR Notes					
								Air Co	onditioning					
								Type: Size:	SEER: Year:					
									(<u>either</u> SEER <u>or</u> Year of unit acceptable)					
									it C=Central Air N=None					
								AUDI	TOR Notes					

PLU	MBING & MECHANICAL - INSPE	CTION NOTES/CONCERNS	
	CWR (Y/N) Citation		
Water Heater Installed to Standards			
Water Heater Venting Installed to Standards			
Heating Unit Installed to Standards			
Heating Unit Venting Installed to Standards			
Ductwork Installed to Standards			
Ductwork Sealed to Standards			
			CWR (Y/N)
T D IN	T		
Inspector Printed Name	Inspector Signature	Date	
	BING & MECHANICAL - RE-INS		
	BING & MECHANICAL - RE-INS		
PLUM Water Heater Installed to	BING & MECHANICAL - RE-INS		
Water Heater Installed to Standards Water Heater Venting	BING & MECHANICAL - RE-INS		
Water Heater Installed to Standards Water Heater Venting Installed to Standards Heating Unit Installed to	BING & MECHANICAL - RE-INS		
Water Heater Installed to Standards Water Heater Venting Installed to Standards Heating Unit Installed to Standards Heating Unit Venting	BING & MECHANICAL - RE-INS		
Water Heater Installed to Standards Water Heater Venting Installed to Standards Heating Unit Installed to Standards Heating Unit Venting Installed to Standards Ductwork Installed to	BING & MECHANICAL - RE-INS		
Water Heater Installed to Standards Water Heater Venting Installed to Standards Heating Unit Installed to Standards Heating Unit Venting Installed to Standards Ductwork Installed to	BING & MECHANICAL - RE-INS		
Water Heater Installed to Standards Water Heater Venting Installed to Standards Heating Unit Installed to Standards Heating Unit Venting Installed to Standards Ductwork Installed to	BING & MECHANICAL - RE-INS		
Water Heater Installed to Standards Water Heater Venting Installed to Standards Heating Unit Installed to Standards Heating Unit Venting Installed to Standards Ductwork Installed to	BING & MECHANICAL - RE-INS		CWR (Y/N)

PLUM	BING & MECHANICAL - QCI INSPECTION NOTES/CO	NCERNS
	CWR (Y/N) Standards Citation	
Water Heater Installed to Standards		
Water Heater Venting Installed to Standards		
Heating Unit Installed to Standards		
Heating Unit VentingInstalled to Standards		
Ductwork Installed to Standards		
Ductwork Sealed to Standards		
		CWR (Y/N)
QCI Inspector Printed Name	QCI Inspector Signature	Date
QCI Certification Number		
DI LIMPI	NG & MECHANICAL - QCI RE-INSPECTION NOTES/C	ONCEDNO
PLOMBI	CWR (Y/N) Citation	ONCERNS
Water Heater Installed to Standards	Citation	
Water Heater Venting Installed to Standards		
Heating Unit Installed to Standards		
Heating Unit Venting Installed to Standards		
Ductwork Installed to Standards		
Ductwork Sealed to Standards		
		CWR (Y/N)
QCI Inspector Printed Name	Inspector Signature	Date
QCI Certification Number		

	Compact Fluorescent Light Bulbs																
#	#	Wattage	Locatio	n I	#	#	#	Wattage	Locatio	'n	#	#	#	Wattage	Location	#	
Existing	Needed	wattage	Locatio	'' Inst	alled	Existing	Needed	wattage	Locatio	/I I	Installed	Existing	Needed	wattage	Location	Installed	
					-												
			AUDT	TOD Note					QCI Notes/Concerns								
			AUDI	TOR Note	<u> </u>					_		QCI	iotes/Co	liceriis			
									CWR (Y/N)	U	tility meas	ures insta	lled match	h NEAT Au	dit		
Utility Measures a									l Safety Fr	uinn	nont						
								#	Jaiety Lt	quipi	#	#	1			#	
	Meacures # Evicting Location				Installed	Measure	es	Existing	Needed		Locati	on	Installed				
Kitchen F	-aucet Δε	erator							Pipe Wrap								
Bathroor									CO Alarm								
Low-Flov	v Shower	head							Smoke Alaı	rm							
Handheld	d Shower	head							Propane Al	arm							
			AUDI	TOR Note	S							QCI N	lotes/Co	ncerns			
									CWR (Y/N)	U	tility meas	ures insta	lled match	n NEAT Au	dit		
											,						
										-							
										<u> </u>							
							Refrige	erator/Fr	eezer Mete	ering							
		> 1	Refr	igerator 1									Freezer 1	1			
		Brand: Time:			Open	ning:					rand: Time:			Opening:			
		Time:		Si	ze (cu	ift):			II		Time:		Si	ize (cu ft):			
		nutes:		Do	or Hi	nge:				Min	nutes:		Do	oor Hinge:			
		ading:		O	wned	By:				Rea	ıding:		(Owned By:			
	Annual								An		kWh:						
		eight: Width:			NO AC	ction nove					eight: Vidth:			No Action			
		Depth:			Excha	ange			Width: Remove Exchange								
			Rofri	igerator 2					Freezer 2								
	E	Brand:	Ken	igerator 2						В	rand:		1166261 2				
		Time:			Open				II	Start ⁻	Time:			Opening:			
		Time:		Si	ze (cu	ı ft):			End Time: Size (cu ft):								
	Mi	nutes:		Do	or Hi	nge:			Minutes: Door Hinge: Council Door Hinge: D								
	Annual	ading: kWh:		U	wnea	Ву:			Δn		kWh:		(Jwned by:			
	Н	eight:				ction			~"	He	eight:			No Action			
	١	Vidth:			Rem	nove				V	Vidth:			Remove			
		Depth:			Excha	ange				D	epth:			Exchange			
			Refr	igerator 3									Freezer 3	3			
		Brand:				•					rand:			0 :			
		Time: Time:		Ci-	Open	ning: ı ft):			II		Time: Time:		Ci	Opening:			
		nutes:		Do Do	or Hi	nge:					nutes:		D:	oor Hinae:			
Minutes: Door Hinge: Reading: Owned By:										iding:			Owned By:				
Annual kWh:								An An	nnual	kWh:							
	H	eight:			No Ad	tion				He	eight:			No Action			
	\ 	Width: Depth:			Ken Fych:	nove ange			Width: Remove Depth: Exchange								
			Alina			90				<i>-</i>	срип		lates 10				
			AUDI	TOR Note	5								lotes/Co				
									CWR (Y/N)	Ap	pliances w	ere install	ed at time	e of inspect	tion		
									\vdash	<u> </u>							
									1								

				A	принапсе Сги	15				
		_					Other (spe	cify below)		
Measure	Water Heater	Furnace	Clothes Dryer	Fireplace	Wood Stove					TOTAL
Pre										
Final										
				Ex	haust Fan CF	Ms				
Cu	ırrent Fan Local	tion	CFMs	Light	Window	Replac	ce/Vent/Install I	New/NA	CFMs	Electrician Needed
				A	UDITOR Note	es				
				QCI INSP	ECTOR Notes	/Concerns				
Veti	lation	Bath	Bath	Bath	Kitchen	Basement	Other Location attic		No	otes
Existing Fans	CFMs									
ASHRAE 62.2	CFMs Added									
Location (1st	fl, 2nd fl, etc)									
Timer Switch										
Timer Switch										
Exhaust Vent										
Exhaust Vent	s Insulated			A 1 199	10 14					
					al Comments/0	<u>Concerns</u>				
	Venting Instal	lled to	CWR (Y/N)	Standards Citation						
	_Standards Fan Operating	g at Correct								
	_Sone Level									
				QC	I RE-INSPECTI	ON				

Notes	
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	★ → ocj
	oc _j

Weatherization Audit/Inspection Form (Manufactured Homes)

Weatherization Client Authorization and Disclosure Statements

I have had the weatherization measures that I may qualify for, explained to me and understand that this work will be done at no cost to me. Completion of weatherization services are dependent upon availability of federal funding.

Materials and equipment installed in an eligible dwelling by the low-income weatherization program shall remain in the dwelling. In the event the homeowner or landlord sells the property as a habitable dwelling, materials and equipment installed by the Iowa Low-Income Weatherization Assistance Program shall remain in the dwelling.

Energy Auditor Name:	Clier	nt Name:						
Agency Name:	Addi	Address:						
Address:	City,	, Zip:						
City, Zip:	Phoi	ne:						
Phone:	File	Number:						
Energy Auditor Signature	Date	Client Signature	Date					
"I have completed an on-site inspection followed, quality work was performed weatherization safety check was contact."	ed, materials meet minimum st	certify that the Weatherization						
	Client Signature	Date	_					
			CWR (Y/N)					
QCI Inspector Printed Name	QCI Inspector Signature	Date						
QCI Certification Number								
	QCI FINAL RE-INSPEC	CTION						
			CWR (Y/N)					
QCI Inspector Printed Name	QCI Inspector Signature	ector Signature Date						
QCI Certification Number								

Signature Sheet Page 1 Rev. 01/19/23

	Wx Audit/	Inspection (Manu	factured Hon	nes)	
File #:	AFN #:	App Date:	Audit Date:	Au	ditor Name:
Name:					e Leakiness:
					nd Shielding:
		Volume:			J
County:			emperature		Post Temperature
Primary Vendor:			Outside:	Inside:	Outside:
Secondary Vendor:				Door Air Leakage Rate	
Landlord Information:				Pascals	Ring Used:
Landiora Imormación.					cation of BD:
		1		Tuscuis Target Po	
Ownershin:	# Occupants:				
Ownership:		I	OTL:		
House Color:		I	OTL:	OTL:	Post Δ P:
Year Built:					
Siding Type:		I			
	SHPO Review Req'd:				

			Walls						4	Addition Wa	lls			
Stud Siz	ze:				Carport/Po	orch Roof	Stud Size	:		Interior V	Vall Max Hei	ght (ft):		
Orienta	tion of Lon	g Wall:		Le	ength (in):		Addition	Orientation:			Vall Min Heig			
 Wall Ve	ntilation:			_w	/idth (in):		Wall Vent			-				
Uninsul	atable Wal	Area (sq 1	—— ft):				1	figuration:						
		isting Insul		Ad	ditional Insu	ılation	Existing Insulation				Additional Insulation			
#/ Wall	Batt/		Foam Core	Batt/		Foam Core	#/ Wall	Batt/	Loose Fill	Foam Core	Batt/			
Code	Blanket	(in)	(in)	Blanket	(in)	(in)	Code	Blanket	(in)	(in)	Blanket		Foam Core	
	(in)	. ,	. ,	(in)	· · /	. ,		(in)			(in)	(in)	(in)	
Stud Siz	e: 2x2, 2x	 3, 2x4, 2x6	 6 Orier	tation of	 Long Wall: N	 North, South,	East, We	st Wall	 Ventilation:	Vented, Not \	/ented			
						, Max (maxin	num) wall	height at cer		on, All additio		same height		
				CWR	<u>Standards</u>	AUE	DITÓR No	tes						
				(Y/N)	<u>Citation</u>									
	Document	ation and p	photos of											
		indow(s) s	upport											
	replaceme		all insulation											
	verified (d	rilled, used	l nameplate,											
	used chart	:)												
						OCT N	atas/Cam							
				CWR	<u>Standards</u>	QCI N	otes/Con	icerns						
				(Y/N)	Citation									
	Insulated t	to Correct	R-value											
		ged, Patch												
	Painted to													
	Siding Cor	dition Goo	od											
	Insulation	certificate												
	Other													
	Other													
	Other													
	Other													
	Other													
	Other													
	Other													

#/	Windows										
#/ Window Code	Addition (Y/N)	Window Type	Frame Type	Glazing Type	Interior Shading	Exterior Shading	Leakiness	Size (width x height)	Orientation	Repair	
Window	Type: Jalo	usie, Awning, Slider,	Fixed, Door W	/indow, Sliding Glass Doo	or, Skylight Frame T le Pane, Double w/Glass S	ype: Wood/Vinyl, Me	etal, Imp (im	proved) Meta	al		
Interior S	hading: D	rapes, Blinds/Shades	s, Drapes w/Bl	inds/Shades, None	Exterior Shading: Awning	, Carport/Porch, Lov	v-E Film, Sur	Screen, Nor	ne		
Leakiness	: Very Tig	jht, Tight, Medium, L	Loose, Very Lo		JDITOR Notes						
				AU	DDITOR Notes						
				OCT	Notes / Concerns						
			CWR		Notes/Concerns						
			CWR (Y/N)	QCI Standards Citation	Notes/Concerns						
	Glass Rep	pairs Made to Standa	<u>(Y/N)</u>	<u>Standards</u>	Notes/Concerns						
	Window I	Replacements made	(<u>Y/N)</u> ards	<u>Standards</u>	Notes/Concerns						
	Window I standards	Replacements made	(<u>Y/N)</u> ards	<u>Standards</u>	Notes/Concerns						
	Window I standards Documen existing v	Replacements made of tation of photos of window(s) support	(<u>Y/N)</u> ards	<u>Standards</u>	Notes/Concerns						
	Window I standards Documen existing v replacem	Replacements made of tation of photos of window(s) support	(<u>Y/N)</u> ards	<u>Standards</u>	Notes/Concerns						
	Window I standards Documen existing v replacem Other	Replacements made of tation of photos of window(s) support	(<u>Y/N)</u> ards	<u>Standards</u>	Notes/Concerns						
	Window I standards Documen existing v replacem Other	Replacements made of tation of photos of window(s) support	(<u>Y/N)</u> ards	<u>Standards</u>	Notes/Concerns						
	Window I standards Documen existing v replacem Other	Replacements made of tation of photos of window(s) support	(<u>Y/N)</u> ards	<u>Standards</u>	Notes/Concerns						
	Window I standards Documen existing v replacem Other Other	Replacements made of tation of photos of window(s) support	(<u>Y/N)</u> ards	<u>Standards</u>	Notes/Concerns						
	Window I standards Documen existing v replacem Other Other Other	Replacements made of tation of photos of window(s) support	(<u>Y/N)</u> ards	<u>Standards</u>	Notes/Concerns						
	Window I standards Documen existing v replacem Other Other Other Other	Replacements made of tation of photos of window(s) support	(<u>Y/N)</u> ards	<u>Standards</u>	Notes/Concerns						

						Doors								
			CI	<u> </u>		Repair/Repl	ace		Weat	hestrip	Sw	reep	Threshold	
#/Wall Code	Addition (Y/N)	Туре	Storm Door Present	Size (width x height)	(width x Work that needs to be done			Work Complete	Needed	Installed				
													_	
Door Ty	pes: Holl	ow Core Wood, Solid Co	ore Wood	Std Mfg (standard n		Door, Ins	ulated Stee	el					
		Roof			Ceiling Existing Insulation Additional Insulation)	
Roof Ty	pe:			Batt/ Bla	anket (in)	Loose Fill (in)		Core (in)	Batt/Bla	nket (in)		Fill (in)		Core (in)
Roof Co Joist Siz	olor: :e:		-											
		(%):												
				ı		Addition Cei								
Roof Ty	pe:	Roof		Batt/ Bla	anket (in)	Existing Insulation Loose Fill (in)		Core (in)	Batt/Bla	nket (in)		Insulation Fill (in)		Core (in)
Roof Co Joist Siz	olor:		_											
		(%):												
						AUDITOR No	otes							
					CWR	Standards Citation								
					(Y/N)	Standards Citation								
		was existing wall insuland was existing wall insulant was was existed as well		ed										
	(sa, asea namepiate, as	ca charty											
						QCI Notes/Cor	cerns							
			<u>CWR</u>	Standard	ls Citation	C								
			<u>(Y/N)</u>	<u> Dearragre</u>	is citation									
		le Doors are Present												
		nstalled to Standards tation and Photos of												
		oor(s) Support												
	Weathers	trips, Sweeps and												
		ls Installed to												
	Standard	s ured Home Ceiling												
		Installed to Correct												
	R-Value													
		Ceiling Insulation to Correct R-Value												
		rces are Shielded												
	Access is													
	Chimney	is Vented to Outside												
		ured Home Insulation												
	Addition 1	Insulation Certificate												

Floor Wing Description														
Floor	Joist	Skirt Pre	cont	Wing Floor		er Existing				Needed				
Descr	iption	SKIILFIE	SCIIC			Loose	Insulation Thickne	ess (in):		Loose Insulation Thickness (in):				
						Batt/B	Blanket Insulation L	_ocation:		Batt/Blanket Insulation Location:				
						Batt/B	Blanket Thickness (in):		Batt/Blanket Thickness (in):				
							Floor	Belly (Center)) Description					
Joist	Belly	Cavity	Cond	lition	Max			Existing		Needed				
Size Configuration of Belly			Depth Belly	Loose Insulation Thickness (in):				Loose Insulation Thickness (in):						
					Batt/B	Blanket Insulation L	_ocation:		Batt/Blanket Insulation Location:					
						Batt/B	Blanket Thickness (Batt/Blanket Thickness (in):				
										Vapor Barrier:				
								Addition F	loor					
Joist		_	Floor	Dime	ensions			Existing		Needed				
Size	Floor	Type		(LxW		Loose	Insulation Thickne	occ (in)		Loose Insulation Thickness (in):				
						1	Blanket Insulation L			Batt/Blanket Insulation Location:				
						1	Blanket Thickness (Batt/Blanket Thickness (in):				
							Available for Adde).	244 244 1110 1110 1110 (111)				
						Берал	7 (Valiable 101 7 (add	AUDITOR N						
							CWR (Y/N)	Standards						
								<u>Citation</u>						
		How was	existii	na wa	ıll insula	ation ve	erified							
		(drilled, u												
							<u>Standards</u>	QCI Notes/Co	oncerns					
					CWR	(Y)	<u>Citation</u>							
		elly Insula R-Value	ted to											
	Vapor B	arrier Ins	talled											
	Underbe	elly Sealed	d											
	Holes Pa	atched												
		ctured Ho												
		on Certific												
	Certifica													
Manufactured HomeInsulation Certificate														
Addition Insulation Certificate														
Other														

File #: Name:	_			AFN	l #:			Square Footage: Square Footage: Addition Square Footage:						
Address	:													
City, Zip	: _							Heatir	ng System					
Phone #	:			Ow	nership:			Existing Furnace	Replacement Furnace					
County:								Make:	Make:					
<u>Pre</u>	<u>Post</u>	QCI Final		Cabo	n Mond	oxide		Model:	Model:					
			Ambien	t				Serial #:	Serial #:					
			Oven	(Fuel Ty	pe:)			Heating Type:Heating Type:						
			Furnace	9				Fuel Type: Height:	Fuel Type:					
			Water F	leater				Input Rating (Units/kBtu/hr): Output Capacity (kBtu/hr):	Input Rating (Units/kBtu/hr):					
		OCT	Persona	I CO				Output Capacity (kBtu/hr):						
<u>Pre</u>	<u>Post</u>	QCI Final		Ve	entilatio	on		Steady State (%): Age: Steady State (%):						
			Furnace	Draft				Vent Diameter: Flow:	Vent Diameter:Flow:					
			Furnace	Spillage	2			Duct Location:	Duct Location:					
				leater Di				Tuneup Recommended:	Tuneup Done: Venting Installed:					
				leater Sp				Rated Temp Rise:	Rated Temp Rise:					
				s Line/Ap	•		tor	Ductwork Sealed:	Ductwork Sealed:					
				ume (co		n air)		Filter Size: Filter Size:						
			_	RT Outsic			<u>Pre-Temperature Rise</u> <u>Pre-Temperature Rise</u>							
				RT Outsic		t Case Se	etup		Supply Return Difference					
				RT Main I uel/Corre		ina for F	uel	<u>Pre-Static Pressure</u>	<u>Pre-Static Pressure</u>					
			Туре	-				Before Filter Before A-Coil	Before Filter Before A-Coil					
				enting Ir	sulated	to Stand	dards if	40 571	10 50					
			Outside		1			After Filter After A-Coil	After Filter After A-Coil					
			Other:	or Gas L	eaks			Are the following present?	Are the following present?					
			Other:					Power Burner IID Smart Thermostat Pilot	Power Burner IID Smart Thermostat Pilot					
Supi	olv Duc	t Press		Supi	plv Duc	t Press	ures	Furnace Closet Pressure:	Furnace Closet Pressure:					
			QCI				QCI	Turriace closer ressure.	Turnace closer ressare.					
Location	<u>Pre</u>	Post	<u>Final</u>	Location	<u>Pre</u>	Post	<u>Final</u>							
									TOR Notes					
								Duct Insulation Location:						
								Wate	er Heater					
		F	Room Pi	ressures	<u> </u> 			Existing Water Heater	Replacement Water Heater					
Lagation	Dua		OCT			Doot	QCI	3	1					
Location	<u>Pre</u>	Post	<u>Final</u>	Location	<u>Pre</u>	Post	<u>Final</u>	Make:	Make:					
								Model:	Model:					
								Serial #:	Serial #:					
								Water Heater Type:	Water Heater Type:					
								Fuel Type: Gallons:	Fuel Type: Gallons:					
								Input Rating (Units/kBtu/hr):	Input Rating (Units/kBtu/hr):					
			MODITO	R Notes	3			Max Height: Water Temp:	Eff Rating: Water Temp:					
								Vent Diameter: Pipe Type:	Vent Diameter: Pipe Type:					
								Pressure Relief Valve Tube:	Pressure Relief Valve Tube:					
									Venting Installed:					
								AUDIT	 TOR Notes					
								Air Co	nditioning					
									SEER: Year:					
									(<u>either</u> SEER <u>or</u> Year of unit acceptable)					
								AUDIT	OR Notes					
								ADDITOR NOTES						

PLUMBIN	G/MECI	HANICAL/ELECTRICAL - IN	ISPECTION NOTES/CONCERNS	
	<u>CWR</u> (Y/N)	Standards Citation		
Water Heater Installed to Standards				
Water Heater Venting Installed to Standards				
Heating Unit Installed to Standards				
Heating Unit Venting Installed to Standards				
Ductwork Installed to Standards				
Ductwork Sealed to Standards				
Return System Pressure Meets Standards				
				CWR (Y/N)
Inspector Printed Name		Inspector Signature	Date	
PLUMBING	/MECHA	ANICAL/ELECTRICAL - RE-	INSPECTION NOTES/CONCERNS	
	<u>CWR</u> (Y/N)	Standards Citation		
Water Heater Installed to Standards				
Water Heater Venting Installed to Standards				
Heating Unit Installed to Standards				
Heating Unit Venting Installed to Standards				
Ductwork Installed to Standards				
Ductwork Sealed to Standards				
Return System Pressure Meets Standards				
				CWR (Y/N)

PLUM	BING & MECHANICAL - QCI INSI	PECTION NOTES/CONCERNS	
	CWR (Y/N) Standards Citation		
Water Heater Installed to Standards			
Water Heater Venting Installed to Standards			
Heating Unit Installed to Standards			
Heating Unit Venting Installed to Standards			
Ductwork Installed to Standards			
Ductwork Sealed to Standards			
Return System Pressure Meets Standards			
			CWR (Y/N)
QCI Inspector Printed Name	QCI Inspector Signature	e Date	
QCI Certification Number			
PLUMB	NG & MECHANICAL - QCI RE-IN	SPECTION NOTES/CONCERNS	
PLUMB	NG & MECHANICAL - QCI RE-IN Standards CWR (Y/N) Citation	SPECTION NOTES/CONCERNS	
PLUMB Water Heater Installed to Standards	<u>Standards</u>	SPECTION NOTES/CONCERNS	
Water Heater Installed to	<u>Standards</u>	SPECTION NOTES/CONCERNS	
Water Heater Installed to Standards Water Heater Venting	<u>Standards</u>	SPECTION NOTES/CONCERNS	
Water Heater Installed to Standards Water Heater Venting Installed to Standards Heating Unit Installed to	<u>Standards</u>	SPECTION NOTES/CONCERNS	
Water Heater Installed to Standards Water Heater Venting Installed to Standards Heating Unit Installed to Standards Heating Unit Venting	<u>Standards</u>	SPECTION NOTES/CONCERNS	
Water Heater Installed to Standards Water Heater Venting Installed to Standards Heating Unit Installed to Standards Heating Unit Venting Installed to Standards Ductwork Installed to	<u>Standards</u>	SPECTION NOTES/CONCERNS	
Water Heater Installed to Standards Water Heater Venting Installed to Standards Heating Unit Installed to Standards Heating Unit Venting Installed to Standards Ductwork Installed to Standards Ductwork Sealed to	<u>Standards</u>	SPECTION NOTES/CONCERNS	
Water Heater Installed to Standards Water Heater Venting Installed to Standards Heating Unit Installed to Standards Heating Unit Venting Installed to Standards Ductwork Installed to Standards Ductwork Sealed to Standards Return System Pressure	<u>Standards</u>	SPECTION NOTES/CONCERNS	
Water Heater Installed to Standards Water Heater Venting Installed to Standards Heating Unit Installed to Standards Heating Unit Venting Installed to Standards Ductwork Installed to Standards Ductwork Sealed to Standards Return System Pressure	<u>Standards</u>	SPECTION NOTES/CONCERNS	CWR (Y/N)
Water Heater Installed to Standards Water Heater Venting Installed to Standards Heating Unit Installed to Standards Heating Unit Venting Installed to Standards Ductwork Installed to Standards Ductwork Sealed to Standards Return System Pressure	<u>Standards</u>		CWR (Y/N)

							Compac	t Fluores	cent Light	Bulb	s					
#	#	Wattage	Locatio	n #	- 11	#	#	Wattage	Locatio	n	#	#	#	Wattage	Location	#
Existing	Needed	Wattage	Locatio	'' Insta	alled	Existing	Needed	wattage	Locatio		Installed	Existing	Needed	Wattage	Location	Installed
			AUDI	TOR Note:	s "							OCI N	lotes/Co	ncerns		
									GIAID (VAI)		110				1.1	
									CWR (Y/N)	Ut	ility measi	ires insta	ilea matcr	n MHEA Auc	IIT	
						Uti	lity Mea	sures and	d Safety Ed	uipn	nent					
	Measure	S	# Existing	#		Locatio	n	#	Measure	es	#	#		Locatio	on	#
			-	Needed				Installed			Existing	Needed				Installed
	Faucet Ae								Pipe Wrap							
Bathroor	n Faucet	Aerator							CO Alarm							
Low-Flov	v Shower	head							Smoke Alaı	m						
Handhel	d Shower	head							Propane Al	arm						
			AUDI	TOR Note	s							QCI N	lotes/Co	ncerns		
									CWR (Y/N)	Ut	tility measu	ıres insta	lled match	n MHEA Aud	lit	
							Pofring	erator/Fr	eezer Mete	arina						
			Refri	gerator 1			Kerrige	siatoi/iii		9			Freezer :	1		
	В	rand:								В	rand:					
	Start			6:	Openi	ing:					Time:			Opening:		
		Time: nutes:		Siz	e (cu or Hin	ft): nge:					Time: iutes:		S	ize (cu ft): oor Hinge:		
		idies				By:					ding:		(Owned By:		
	Annual								An	nual	kWh:					
		eight:		1	No Act	tion				He	eight:			No Action		
		Vidth: epth:			Reiii Exchai	ove nge				D.	/idth: epth:			Exchange		
			Dofri	gerator 2							орин		Freezer 2			
	В	rand:	Keni	gerator Z						В	rand:		TTEEZET Z			
	Start	Time:			Openi				II		Time:			Opening:		
		Time:		Siz	e (cu	ft):				End 7			S	ize (cu ft):		
	MIL. Rea	nutes: nding:		DO.	or Hin wned	nge: By:				Rea	utes: ding:		ر ا	oor Hinge: Dwned By:		
	Annual	kWh:							An	nual	kWh:		`			
	He	eight:		1	No Act	tion				Не	eight:			No Action		
		Vidth: epth:			Kem Exchai	ove nge				D M	/idth: epth:			Remove Exchange		
				gerator 3		gc				- D	срип		Eroczo:			
	В	rand:	кетп	yerator 3						В	rand:		Freezer 3)		
		Time:			Openi	ing:			9		Time:			Opening:		
		Time:		Siz	e (cu	ft):					Time:		S	ize (cu ft):		
		nutes: nding:		Do	or Hin	nge: By:					utes: ding:		D	oor Hinge: Dwned By:		
	Annual			J	vviieu	Jy			An	nual	kWh:		,	JANIICU DY.		
	He	eight:		1	No Act	tion				He	eiaht:			No Action		
		Vidth:			Rem	ove				W	/idth:			Remove		
	D	epth:				nge				ט	epth:			Exchange		
			AUDI	FOR Note	S								lotes/Co			
									CWR (Y/N)	App	pliances w	ere install	ed at time	e of inspect	ion	
									\vdash							
									1							

				A	Appliance CFM	1s				
	M-t	_	Clathar David	-· ·	Ward Chara		Other (specify below)			
Measure	Water Heater	Furnace	Clothes Dryer	Fireplace	Wood Stove					TOTAL
Pre										
Final										
				Ex	haust Fan CF	Ms				
Cu	rrent Fan Loca	tion	CFMs	Light	Window	Replace	e/Vent/Install	New/NA	CFMs	Electrician
										Needed
				A	UDITOR Note	es				
				QCI INSP	ECTOR Notes	/Concerns				
Veti	lation	Bath	Bath	Bath	Kitchen	Basement		ion (hallway, , etc)	Nc	otes
Existing Fans	CFMs									
ASHRAE 62.2	CFMs Added									
Location (1st	fl, 2nd fl, etc)									
Timer Switch	Delay									
Timer Switch										
Exhaust Vents										
Exhaust Vents	s Insulated			Λα	 ditional Comme	ente			<u> </u>	
	Venting Instal Standards	led to	CWR (Y/N)	Standards Citation	-	<u></u>				
	Fan Operating Sone Level	at Correct								
				00	I RE-INSPECTI	ON				
				QC	TRE INSTECTI	OIV				

Notes	
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	₩ rvv
	* → ocj

File Number:	Customer:
Agency Auditor:	Agency QCI Inspector:
Agency QCI Inspector:	State QCI Inspector:
Agency QCI Signature:	State QCI Signature:
Agency QCI Inspector Certification Number:	State QCI Inspector Certification Number:
Date of Full Audit Review:	Date of Full Audit Review:

Yes	No	Clients	Description (If needed)
		Number of occupants matches Referral or number documented living in home.	
		Dwelling type correct	
		Primary and Secondary fuel types correct	
Yes	No	Audit Information	Description (If needed)
		Correct cost libraries selected	
		Conditioned number of stories correct	
		Conditioned square feet correct	
		NEAT/MHEA Audit in File	
Yes	No	Walls	Description (If needed)
		N-S and E-W walls square feet match and are reasonable	
		Existing wall components and insulation levels match field data collection	
		Correct "added insulation" type selected	
Yes	No	Windows	Description (If needed)
		Existing window components and orientation matches field data collection	

		Reasonable exterior shading and leakiness values selected	
		Window dimensions match field data collection	
		Windows modeled for replacement meet program specifications and documentation provided	
Yes	No	Doors	Description (If needed)
		Existing door components and cardinal direction match field data collection	
		Reasonable storm door condition and leakiness selected; orientations match field data collection	
Yes	No	Unfinished Attics	Description (If needed)
		Attic(s) square footage reasonable for overall building dimensions	
		Existing attic(s) components and insulation levels match field data collection	
		Correct "added insulation" type selected	
Yes	No	Finished Attics	Description (If needed)
		Attic(s) square footage reasonable for overall building dimensions	
		Existing attic(s) components and insulation levels match field data collection	
		Correct "added insulation" type selected	
		All four components of a finished attic are modeled unless field data indicates otherwise	
Yes	No	Foundations	Description (If needed)
		Foundation(s) square footage reasonable for overall building dimensions	
		Existing foundation(s) components and insulation levels match field data collection	
		Correct foundation type selected	
		Correct "added insulation" type selected	
		Proper foundation Conditioned Selected?	

Yes	No	Heating	Description (If needed)
		All heating systems (Primary & Secondary) are accounted for and part of the model	
		Existing heating system testing, fuel, condition and location match field data collection	
		Replacement system information is accurate (AFUE, Cost, etc.)	
		If secondary heating systems present, "heat supplied" breakdown is reasonable	
		Heat Loss Calculation/Manual J completed and in file	
Yes	No	Ducts/Infiltration	Description (If needed)
		"Before Wx" CFM50 reading matches field data collection	
		"After Wx" CFM50 target reasonable	
		Infiltration reduction cost reasonable	
Yes	No	Water Heating	Description (If needed)
		Existing equipment information, fuel, and location match field data collection	
		Replacement water heater selected is correct model and correct fuel selected	
Yes	No	Refrigerators	Description (If needed)
		Existing equipment information, and location match field data collection	
		Replacement refrigerator selected is correct size	
Yes	No	Misc. Measures	Description (If needed)
		All repairs modeled reasonable and justified	
		All H&S modeled reasonable and justified	
		All identified costs (CFL/LED bulbs, flow restrictors, etc.) are entered	
Yes	No	File Audit Review (complete, accurate)	Description (If needed)
		Energy Audit Form	

	Audit vs Work Order	
	Work Order	
	Change Order	
	Ventilation and Your Home	
	Health & Safety Forms	
	Pre & Post RED Calc	
	Sign-Offs	
	Invoices	
	SHPO, Lead	
	Vermiculite, Radon	
	WAMS Reporting	
	Job-Spec	ific Comments/Concerns

Check		
When Complete	Initials	
		WAMS * Usuan Data Danart (agga with aliant information)
		* House Data Report (page with client information) * MAT List (materials list)
		\$12,000 Expenditure Limit Waiver Request (if applicable)
		Knob & Tube (if applicable)
		* Approval for Knob & Tube Project funding (if applicable)
		* Documentation that the electrician certified the wiring as being safe
		Approval for Additional Insulation Measures (if applicable) Energy Audit
		* Copy of current LIHEAP or Wx Application
		* Documentation supporting the client purchasing the home on contract (if applicable)
		* Energy Audit Form and supporting documentation
		* Techtite Printout (if applicable) * RED Calc Printout for Blower Door and Ventilation (pre AND post wx)
		* Pictures taken at the time of evaluation (unless maintained on a CD or other media that is in the client house file)
		* Release of Liability
		* Health & Safety Findings Assessment Form Part #1
		* Health & Safety Findings Assessment Form Part #2
		* If mold found in home, picture of mold must in the file * Deferral Documentation form and supporting documentation, including pictures (if applicable)
		* Documentation regarding when the work was completed that caused the deferral, etc.
		* Heat Loss Calculation Sheet AND full Manual J calculation
		* If agency runs full Manual J calculation for contractor, Heat Loss Calculation Sheet is not needed
		Rentals (if applicable)
		* Landlord Agreement Multi-Units (if applicable)
		* Multi-Unit Dwelling Approval Form (for projects using NEAT Audit)
		* Multi-Unit Dwelling Approval Form (for projects different audit tool)
		SHPO
		* Exempt from SHPO Review Project Determination
		* Request for SHPO Comment * Pictures of house to be attached to SHPO form
		Audit
		* NEAT/MHEA Audit Input Report
		* NEAT/MHEA Audit Recommended Measures Report
		Furnace/Water Heater/Electric Work Documentation * Bids and supporting documentation
		* Fuel Switching Request and Calculation Worksheet (if applicable)
		* Change order and supporting documentation (if applicable)
		* Inspection Form (if different than the final inspection form)
		* Invoice and supporting documentation * Photo documentation, including pictures of sealed/covered/inaccessible areas, as appropriate
		* Manual J complete calculation from contractor (NA if agency ran complete calculation)
		Weatherization Work Documentation
		* Bids/Work Order and supporting documentation
		* Change order and supporting documentation (if applicable) * Inspection Form (if different than the final inspection form)
		* Invoice and supporting documentation
		* Photo documentation, including pictures of sealed/covered/inaccessible areas, as appropriate
		Vermiculite Documentation
		* Vermiculite test results
		* Vermiculite testing invoice Lead Documentation
		* Lead Client Notification Form
		* Exempt from Lead Safe Renovation Requirements (to be completed when work being done is exempt from following
		lead safe work practices)
		* lowa Weatherization Lead-Safe Report (to be completed for all renovation projects on pre-1978 structures)
		* Pictures of Lead Safe Work Practices being followed Refrigeration Appliances (if applicable)
		* Client Refrigeration Appliance Agreement (to be completed when a refrigeration unit will be replaced and/or removed)
		* Invoice from the Refrigeration Vendor
		Final Inspection
		* Ventilation and Your Home in the home (to be in the file when exhaust fans are installed - either new or replacements) * One form per fan installed, whether or not called for by ASHRAE
		* Final Inspection Form, which demonstrates SWS requirements were followed and is signed/dated by certified QCI
		* Pictures taken at final inspection, including pictures taken at time of re-inspections
		State Housing Inspection Documentation (if applicable)
		* Inspection Form
		* Report * Follow-up documentation (response to corrective work required, etc.)
		ronom up accumentation (response to corrective work required, etc.)

Check When Complete	Weatherization Contractor/Subcontractor File Checklist	Expiration Date
	Commercial General Liability Insurance (\$500,000/per occurrence and \$1 million aggregate)	
	Proof of Automobile Insurance (coverage amount as deemed sufficient by agency)	
	Proof of Worker's Compensation Insurance (or waiver - signed at beginning of each new contract)	
	Current signed contract between the agency and the contractor (may be yearly or by job)	
	Excluded Parties List Sytem printout from www.sam.gov (researcher signs - performed each time contract renewed)	
	Current Contractor's Registration with the State of Iowa (contractors must renew yearly with IWD)	
	Current Electrical Contractor License (as applicable)	
	Current Plumbing & Mechanical License (as applicable)	
	Proof of being a Lead Firm (copy of certificate)	
	Proof of having taken Lead Renovator training	
	* Someone must be on-site who is a certified lead renovator - usually the on-site supervisor	
	(copy of card in file)	
	* All other on-site contractor employees must either be certified renovators, pass the 4 or 8	
	hour renovator course, or receive on-the-job training in lead safe work practices by the on-site	
	certified renovator (copy of certificate of completion, ID card, or copy of letter from IDPH issuing the card, must be	
	in agency file OR on-the-job training is to be noted on the training documentation form in the appropriate house file)	

^{***} Note, above requirements apply to subcontractors as well - EXCEPT subcontractors will not have a contract with the agency.

Rev. 09-25-14

Check When Complete	Furnace/Water Heater/Electrical Contractor/Subcontractor File Checklist	Expiration Date
	Commercial General Liability Insurance (\$500,000/per occurrence and \$1 million aggregate)	
	Proof of Automobile Insurance (coverage amount as deemed sufficient by agency)	
	Proof of Worker's Compensation Insurance (or waiver - signed at beginning of each new contract)	
	Current signed contract between the agency and the contractor (may be yearly or by job)	
	Excluded Parties List Sytem printout from www.sam.gov (researcher signs - performed each time contract renewed)	
	Current Contractor's Registration with the State of Iowa (contractors must renew yearly with IWD)	
	Current Electrical Contractor License (as applicable)	
	Current Plumbing & Mechanical License (as applicable)	
	Proof of being a Lead Firm (copy of certificate)	
	Proof of having taken Lead Renovator training	
	* Someone must be on-site who is a certified lead renovator - usually the on-site supervisor	
	(copy of card in file)	
	* All other on-site contractor employees must either be certified renovators, pass the 4 or 8	
	hour renovator course, or receive on-the-job training in lead safe work practices by the on-site	
	certified renovator (copy of certificate of completion, ID card, or copy of letter from IDPH issuing the card, must be	
	in agency file OR on-the-job training is to be noted on the training documentation form in the appropriate house file)	

^{***} Note, above requirements apply to subcontractors as well - EXCEPT subcontractors will not have a contract with the agency.

Rev. 09-25-14

Check When Complete	Appliance Vendor File Checklist	Expiration Date
	Commercial General Liability Insurance (coverage amount as deemed sufficient by agency)	
	Proof of Automobile Insurance (coverage amount as deemed sufficient by agency)	
	Current signed agreement between the agency and the contractor (may be yearly or by job)	
	Excluded Parties List Sytem printout from www.sam.gov (researcher signs - performed each time contract renewed)	
	Current Appliance Data Sheets	

ECONAR Energy Systems Corporation Residential Heat Loss Calculation Worksheet 06/11/15

Project Name:	Zone Name:
Prepared By:	Prepared For:
]

Approxmate Air Changes/Hour		Zone Length	\mathbb{Z}	Zono Width	77.	Zone Height	\overline{Z}	Total Cubic or
Air Infiltration Rate (CFM)	0	Zone Length		Zone widin	<u> </u>	Zone neight		Square Feet
Approximate Zone Volume 1 (cubic	c feet)		Χ		Х		=	0
Approximate Zone Volume 2 (cubic	c feet)		Χ		Х		=	0
Approximate Zone Volume 3 (cubic	c feet)		Х		Х		=	0
Approximate Zone Area 1 (square	feet)	0.00	Χ	0.00	Х		=	0
Approximate Zone Area 2 (square	feet)	0.00	Χ	0.00	Х		=	0
Approximate Zone Area 3 (square feet)		0.00	Х	0.00	Х		=	0
Approximate Exposed Wall Area 1	(square feet)	0.00			Χ	0.00		0
Approximate Exposed Wall Area 2	(square feet)	0.00	Х		Х	0.00		0
Approximate Exposed Wall Area 3 (square feet)		0.00	Х		Х	0.00	=	0
Indoor Dry-Bulb Design Temperature			Deg	rees Farenheit		Less Window Ar	rea:	
Outdoor Dry-Bulb Design Temperature			Deg	rees Farenheit		Less Door A	rea:	

Design Temperature Difference:

Actual Wall Area:

0

Structural Element	Structural Element Description	Area (square feet)		Element U-Value		Temperature Difference		Total BTUH
Above Grade	2 x 4 (R-13)+		Χ	0.0718	Х	0	=	0
Exterior Wall Info	2 x 6 (R-19)+		Х	0.0502	Х	0	=	0
Exterior vvali illio	Other		Х		Х	0	=	0
	Single Pane		Х	0.5510	Х	0	=	0
Window	Double Pane		Х	0.4051	Х	0	=	0
Information	Deluxe with Storm		Х	0.3682	Х	0	=	0
	Other		Х		Х	0	=	0
	Solid-Core Wood		Х	0.2525	Х	0	=	0
Exterior Door	1-3/4" 24 ga. Steel		Х	0.1686	Х	0	=	0
Information	1-3/4" 18 ga. Steel		Х	0.2257	Х	0	=	0
	Other		Х		Х	0	=	0
	R-38+		Х	0.0257	Χ	0	=	0
Doof/Coiling	R-40+		Х	0.0244	Х	0	=	0
Roof/Ceiling Information	R-42+		Х	0.0233	Х	0	=	0
IIIIOIIIIalioii	R-44+		Х	0.0223	Х	0	=	0
	Other		Х		Х	0	=	0
Above Grade	2 x 8 (R-24)+		Х	0.0401	Χ	0	=	0
Exposed Floor	2 x 10 (R-28)+		Х	0.0346	Х	0	=	0
(crawlspace)	2 x 12 (R-33)+		Х	0.0295	Х	0	=	0
(Crawispace)	Other		Х		Х	0	=	0
Cement Slab	Slab on Grade		Х	0.0638	Х	0	=	0
Structural	Structural Element Description	Area (square	7		ВТ	UH		
Element	Structural Element Description	feet)		Lo	ss	Factor		
Below Grade	Floor		Х	2.00	В	TUH per Sq. Ft.	=	0
Elements	Walls		Х	4.00	В	TUH per Sq. Ft.	=	0
	Air Loss Description	Air CFM		Loss Factor		Temperature		
Air Losses	•		\mathbf{Z}		//	Difference	//	///////
	Infiltration	0	Χ	1.1	Х	0	=	0
	Ventilation & Make-Up		Х	1.1	Х	0	=	0
Duct Loss	Is ductwork in an unconditioned	Yes / No		HL Factor		Subtotal	=	0
Duot Lood	space?			0.00	Х	0	=	0
						Total Heat Loss	:	0

("+" Indicates inside and outside air film is calculated in U-Value)

(U-Value = 1 / R-Value = BTUH / Square Feet / Degree Farenheit Temperature Design)

(Air Loss Factor = BTUH / CFM / Degree Farenheit Temperature Design)

Lead Renovator Training Requirements (eff. 4-7-10)

Energy Auditors

- * All energy auditors at each agency must take the lead renovation course within, 60 days of hire
- * DCAA recommends that all agency energy auditors be certified renovators
- * Copy of certificate of completion, ID card, or copy of letter from IDPH issuing the card, must be in agency file
- * Copy of Lead Firm Certificate must be in agency file
- * Must carry ID card on person while working

Inspectors

- * All agency inspectors must be certified renovators, within 60 days of hire
- * Copy of ID card or copy of letter from IDPH issuing the card, must be in agency file
- * Copy of Lead Firm Certificate must be in agency file
- * Must carry ID card on person while working

All Contractors (appliance vendors and subcontractors are exempt from this requirement)

- * Every contractor must have a certified renovator on staff, within 60 days of contracting with the agency (usually the on-site supervisor)
- * All other on-site contractor employees must either be certified renovators, pass the 4 or 8 hour renovator course, or receive on-the-job training in lead safe work practices by the on-site certified renovator
- * Copy of certificate of completion, ID card, or copy of letter from IDPH issuing the card, must be in agency file OR on-the-job training is to be noted on the training documentation form in the appropriate house file
- * Copy of Lead Firm Certificate must be in agency file
- * Must carry ID card on person while working

Crew Supervisors

- * All crew supervisors must be certified renovators, within 60 days of hire
- * Someone must be on-site who is a certified renovator
- * Copy of ID card or copy of letter from IDPH issuing the card, must be in agency file
- * Copy of Lead Firm Certificate must be in agency file
- * Must carry ID card on person while working

Crew Members

- * All crew members must take the lead renovator course, within 60 days of hire
- * DCAA recommends that all agency crew members be certified renovators
- * Someone must be on-site who is a certified renovator
- * All employees must either be certified renovators or pass the 4 or 8 hour renovator course
- * Copy of certificate of completion, ID card, or copy of letter from IDPH issuing the card, must be in agency
- * Copy of Lead Firm Certificate must be in agency file
- * Must carry ID card on person while working

* Note: Lead Abatement workers or contractors do not need a separate lead-safe renovator certification. However, they DO need to take the 4-hour lead-safe renovator refresher in order to be qualified to do renovator work. (per Kane Young at IDPH 9-8-11)

Rev. 06-01-16

Licensing Requirements

(Electrical AND Plumbing & Mechanical)

<u>Furnace Replacements</u> - lowa law requires the licenses outlined below. Contractors performing furnace replacements with <u>new wiring</u> must have <u>both</u> an Electrical <u>and</u> HVAC <u>or</u> Mechanical License, unless the electrical work will be performed by a subcontractor with the appropriate electrical license.

Furnace Replacements (any fuel source - new furnace installation using existing wiring)

- * No electrical license required
- * Either Master or Journeyman HVAC or Mechanical license required (Apprentice can work with the Master or Journeyman onsite)

Furnace Replacements (any fuel source - new furnace installation requiring new wiring)

- * Master or Journeyman Electrician Class A or Class B, or Residential Master, or Residential Electrician license required (or assigned to a licensed Master or Journeyman by the contractor)
- * Either Master or Journeyman HVAC or Mechanical license required (Apprentice can work with the Master or Journeyman onsite)

Furnace Tune/Cleans or Furnace Repairs

- * No electrical license required
- * Minimum Service Technician HVAC Specialty license required (Master or Journeyman HVAC or Mechanical trumps, or Apprentice can work with the Master or Journeyman onsite)

<u>Boiler Replacements</u> - lowa law requires the licenses outlined below. Contractors performing boiler replacements with <u>new wiring</u> must have <u>both</u> an Electrical and Hydronics or Mechanical license, unless the electrical work will be performed by a subcontractor with the appropriate electrical license.

Boiler Replacements (new boiler installation using existing wiring)

- * No electrical license required
- * Either Master or Journeyman Hydronics or Mechanical license required (Apprentice can work with the Master or Journeyman onsite)

Boiler Replacements (new boiler installation requiring new wiring)

- * Master or Journeyman Electrician Class A or Class B, or Residential Master, or Residential Electrician license required (or assigned to a licensed Master or Journeyman by the contractor)
- * Either Master or Journeyman Hydronics or Mechanical license required (Apprentice can work with the Master or Journeyman onsite)

<u>Water Heater Replacements</u> - Iowa law requires the licenses outlined below. Contractors performing water heater replacements with <u>new wiring</u> must have both an Electrical and Plumbing license, unless the electrical work will be performed by a subcontractor with the appropriate electrical license.

Water Heater Replacements (new water heater installation using existing wiring)

- * No electrical license required
- * Either Master or Journeyman Plumbing license required (Apprentice can work with the Master or Journeyman onsite)

Water Heater Replacements (new water heater installation requiring new wiring)

- * Master or Journeyman Electrician Class A or Class B, or Residential Master, or Residential Electrician license required (or assigned to a licensed Master or Journeyman by the contractor)
- * Either Master or Journeyman Plumbing license required (Apprentice can work with the Master or Journeyman onsite)

Water Heater Repairs (no installation of new unit)

- * No electrical license required
- * A minimum of Disconnect/Reconnect Plumbing Technician Specialty license required (Master or Journeyman Plumbing trumps)

Other Miscellaneous Work

Baseboard Heaters/Exhaust Fans

- * Existing wiring (no electrical license required)
- * New wiring 4 or fewer units Master or Journeyman Electrician Class A or Class B, or Residential Master, or Residential Electrician license license required (or assigned to a licensed Master or Journeyman by the contractor)
- * New wiring more than 4 units Electrical Contractor (or as assigned to a licensed Master or Journeyman by the contractor)

Hard-Wired CO/Smoke Detectors (new wiring needed)

* A minimum of Residential Electrician or Residential Master license required (or assigned to a licensed Master or Journeyman by the contractor - Class A or B trumps)

Plumbing Fixtures, Traps, Drains, Etc. Replacements

* Either Master or Journeyman Plumbing license required (Apprentice can work with the Master or Journeyman onsite)

Plumbing Fixtures, Traps, Drains, Etc. Repairs (no replacements)

- * No electrical license required
- * A minimum of Disconnect/Reconnect Plumbing Technician Specialty license required (Master or Journeyman Plumbing trumps)

Electrical Licenses:

lowa Department of Public Safety

www.dps.state.ia.us/fm/electrician/index.shtml

* Defer to local codes where applicable

Plumbing & Mechanical Licenses:

Iowa Department of Public Health

http://www.idph.state.ia.us/PMSB/Licensure.aspx

* Defer to local codes where applicable

Revised 08-20-14

Weatherization Housing Inspection Report (Mobile Homes)

Initial Inspection		Reinspect	ion	Program			<u>KE</u>	<u>Y</u>	
		•				NA: Doesn't G: Good wo	rk	xisting	
Aganay	F:I.o. #			Dhana #		S: Satisfacto	-		
AgencyName	File #			Phone #		U: Unsatisfa NCWR: Find			ativa wark
Date Time	_Audi ess	Cost		Inspector		CWR: Find			
Date Time		COST		mspector		Warranty: N	_		
Annlianasa	Work			Camama			Cor	rectiv	e Work
Appliances	Quality			Comme	ents				Warranty
Furnace Installation									
Duct Work									
Furnace Venting									
Tune & Clean									
Weater Heater Installation									
Water Heater Venting									
Pipe Wrap									
Dryer Venting									
Gas Lines									
Adequate Combustion Air									
CAZ Zone									
Appliance Testing	СО	Spillage	Draft		Comments				
Ambient Air									
Oven									
Water Heater									
Furnace									
	Supply	Return	In Range						
Temperature Rise (furnace)									
Static Pressure									
Static Fressare			l						
Notes							-		
	Mork	<u> </u>					Com		- Morle
Underbelly	Work			Comme	ents				e Work
Insulation	Quality						NCWR	CWR	Warranty
Vapor Barrier Installed									
Underbelly Sealed	-								
Underbelly Sealed									
Notes									

Weatherization Housing Inspection Report (Mobile Homes)

Attic Access Sealed Depth of Insulation Heat Sources Shelded By-Passes Sealed Floor Dense Packed Slaints Dense Pac	Attics	Work			Come	manta			Cor	rectiv	e Work
Depth of Insulation Hoefs Sources Shelded	Attics	Quality			Comi	nents			NCWR	CWR	Warranty
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Notes Note	Plugged, Patched & Painted										
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Utility Measures Work Quality Comments Comments Corrective Work											
Utility Measures Work Quality Comments Comments Corrective Work	Notes										
Light Bulbs Installed CO Alarm(s) Smoke Alarm(s) Smoke Alarm(s) Superior Fixtures Installed Superior Tested Superior Tested Superior Tested Superior Tested Superior	140103	-									
Light Bulbs Installed CO Alarm(s) Smoke Alarm(s) Smoke Alarm(s) Superior Fixtures Installed Superior Tested Superior Tested Superior Tested Superior Tested Superior		-									
Light Bulbs Installed CO Alarm(s) Smoke Alarm(s) Smoke Alarm(s) Superior Fixtures Installed Superior Tested Superior Tested Superior Tested Superior Tested Superior									Ι .		
Light Bulbs Installed CO Alarm(s) Smoke Alarm(s) Propane Alarm(s) Low Flow Fixtures Installed Faucet Aerator(s) Refrigerator Tested Freezer Tested Freezer Tested Refrigerator Tested Freezer Tested	Utility Measures				Comr	nents					
CO Alarm(s) Smoke Alarm(s) Propane Alarm(s) Low Flow Fixtures Installed Faucet Aerator(s) Refrigerator Tested Freezer Tested Freezer Tested Smoke Alarm(s)	_	Quality							NCWR	CWR	Warranty
Smoke Alarm(s) Propane Alarm(s) Low Flow Fixtures Installed Faucet Aerator(s) Refrigerator Tested Freezer Tested Freezer Tested											
Propane Alarm(s) Low Flow Fixtures Installed Faucet Aerator(s) Refrigerator Tested Freezer Tested Freezer Tested											
Low Flow Fixtures Installed Faucet Aerator(s) Refrigerator Tested Freezer Tested Freezer Tested											
Faucet Aerator(s) Refrigerator Tested Freezer Tested											
Refrigerator Tested Freezer Tested State S											
Freezer Tested											
Notes	Freezer Tested										
Notes											
Notes											
	Notes										
		_									

Weatherization Housing Inspection Report (Mobile Homes)

Miscellaneous	Work	Comments	orrec	tiv	e Work
Iwiscellaneous	Quality	Comments —			Warranty
Blower Door					
Room Pressures				ヿ	
Duct Pressures					
Repair Work					
Second Operable Door				ヿ	
Weather Stripping					
Sweeps					
Other					
Other					
Other					
Client Feedback					
Recommendations				ヿ	
		<u> </u>			
	-				
Notes					
	-				
	Work				
File/Audit Review	Quality	Comments			
NEAT/MHEA Audit	Quanty				
Work Order					
Audit vs Work Order					
Change Order					
Manual J					
Ventilation in Your Home					
RED Calc					
Sign Offs					
Sign Offs WAMS Reporting					
WAINS Reporting				_	
NOTES					
"I boy a completed on an ait	o inapaction of t	his weatherized unit I cortify that the Mactherization managers are	ro follo		ad avality
		his weatherized unit. I certify that the Weatherization measures we			
	iais illeet illinim	um standards listed in the state plan, and a post weatherization di	ignosti	UC	HECK Was
completed on this unit."					
QCI Signature		Date			04/28/15

Weatherization Housing Inspection Report (Stick-Built Homes)

Initial Inspection		Reinspect	tion	Program			<u>KE</u>	<u> Y</u>	
						NA: Doesn't		existing	
						G: Good wo			
						S: Satisfacto	-		
Agency	File #			Phone #		U: Unsatisfa			
Name	_Address			City		NCWR: Find			
Date Time		Cost		Inspector		CWR: Find			
						Warranty: N	/lust be fix	ed at n	o cost
Appliances	Work			Camma	mto		Cor	rectiv	e Work
Appliances	Quality			Comme	mis		NCWR	CWR	Warranty
Furnace Installation									
Duct Work									
Furnace Venting									
Tune & Clean									
Weater Heater Installation									
Water Heater Venting									
Pipe Wrap									
Dryer Venting									
Gas Lines									
Adequate Combustion Air									
CAZ Zone									
Appliance Testing	СО	Spillage	Draft		Comments				
Ambient Air	"	opinage	Brait						
Oven									
Water Heater							1		
Furnace							1		
Turriace	Supply	Peturn	In Range						
Temperature Rise (furnace)	Зарріу	Ketaini	iii kange						
Static Pressure									
Static Fressure									
	-								
	-								
Notes	-								
	10/						T 0		107 1
Basement/CrawIspace	Work			Comme	nts				e Work
David Jajat Inscription	Quality						NCWR	CWR	Warranty
Band Joist Insulation							-		
Crawlspace Insulation									
Vapor Barrier Installed									
Crawlspace Vents Sealed									
Foundation									
Exterior Basement Entrance							1		
Notes									
1									

Weatherization Housing Inspection Report (Stick-Built Homes)

Attics	Work			Comr	nents			Cor	rectiv	e Work
Attics	Quality			Comi	nems			NCWR	CWR	Warranty
Attic Access Sealed										
Depth of Insulation										
Heat Sources Shielded										
By-Passes Sealed										
Floor Dense Packed										
Slants Dense Packed										
Kneewall Insulated										
Attic Vented										
Vermiculite										
Brick Chimney Sealed										
Chimney Vents Outside										
Insulation Certificate/Bag(s)										
Depth Markers										
Junction Box Markers										
Exhaust Vents Installed										
Exhaust Vents Insulated										
	Bath	Bath	Bath	Kitchen	Other	Delay	Min/Hr			
Existing Fans CFM's	Datii	Dut	Dutti	Ititoriori	011101	Doily				
ASHRAE 62.2 CFM's Added										
Normale delle di manada	<u> </u>									
Notes										
Notes										
	Mode							1 0		
Exterior Walls	Work			Comr	nents					e Work
	Work Quality			Comr	nents			Cor NCWR		e Work Warranty
Insulated				Comr	ments					
Insulated Plugged, Patched & Painted				Comr	ments					
Insulated				Comr	ments					
Insulated Plugged, Patched & Painted				Comr	nents					
Insulated Plugged, Patched & Painted Siding Condition				Comr	ments					
Insulated Plugged, Patched & Painted				Comr	ments					
Insulated Plugged, Patched & Painted Siding Condition				Comr	nents					
Insulated Plugged, Patched & Painted Siding Condition	Quality			Comr	ments					
Insulated Plugged, Patched & Painted Siding Condition Notes								NCWR	CWR	
Insulated Plugged, Patched & Painted Siding Condition Notes Utility Measures	Quality				ments			NCWR	cwr	Warranty
Insulated Plugged, Patched & Painted Siding Condition Notes Utility Measures Light Bulbs Installed	Quality							NCWR	cwr	Warranty re Work
Insulated Plugged, Patched & Painted Siding Condition Notes Utility Measures Light Bulbs Installed CO Alarm(s)	Quality							NCWR	cwr	Warranty re Work
Insulated Plugged, Patched & Painted Siding Condition Notes Utility Measures Light Bulbs Installed	Quality							NCWR	cwr	Warranty re Work
Insulated Plugged, Patched & Painted Siding Condition Notes Utility Measures Light Bulbs Installed CO Alarm(s)	Quality							NCWR	cwr	Warranty re Work
Insulated Plugged, Patched & Painted Siding Condition Notes Utility Measures Light Bulbs Installed CO Alarm(s) Smoke Alarm(s)	Quality							NCWR	cwr	Warranty re Work
Insulated Plugged, Patched & Painted Siding Condition Notes Utility Measures Light Bulbs Installed CO Alarm(s) Smoke Alarm(s) Propane Alarm(s)	Quality							NCWR	cwr	Warranty re Work
Insulated Plugged, Patched & Painted Siding Condition Notes Utility Measures Light Bulbs Installed CO Alarm(s) Smoke Alarm(s) Propane Alarm(s) Low Flow Fixtures Installed Faucet Aerator(s)	Quality							NCWR	cwr	Warranty re Work
Insulated Plugged, Patched & Painted Siding Condition Notes Utility Measures Light Bulbs Installed CO Alarm(s) Smoke Alarm(s) Propane Alarm(s) Low Flow Fixtures Installed	Quality							NCWR	cwr	Warranty re Work
Insulated Plugged, Patched & Painted Siding Condition Notes Utility Measures Light Bulbs Installed CO Alarm(s) Smoke Alarm(s) Propane Alarm(s) Low Flow Fixtures Installed Faucet Aerator(s) Refrigerator Tested	Quality							NCWR	cwr	Warranty re Work
Insulated Plugged, Patched & Painted Siding Condition Notes Utility Measures Light Bulbs Installed CO Alarm(s) Smoke Alarm(s) Propane Alarm(s) Low Flow Fixtures Installed Faucet Aerator(s) Refrigerator Tested	Quality							NCWR	cwr	Warranty re Work
Insulated Plugged, Patched & Painted Siding Condition Notes Utility Measures Light Bulbs Installed CO Alarm(s) Smoke Alarm(s) Propane Alarm(s) Low Flow Fixtures Installed Faucet Aerator(s) Refrigerator Tested	Quality							NCWR	cwr	Warranty re Work
Insulated Plugged, Patched & Painted Siding Condition Notes Utility Measures Light Bulbs Installed CO Alarm(s) Smoke Alarm(s) Propane Alarm(s) Low Flow Fixtures Installed Faucet Aerator(s) Refrigerator Tested Freezer Tested	Quality							NCWR	cwr	Warranty re Work

Weatherization Housing Inspection Report (Stick-Built Homes)

Miscellaneous	Work			e Work
	Quality	NCW	₹ CWR	Warranty
Blower Door				
Room Pressures				
Duct Pressures				
Garage Leakage Tested				
Repair Work				
Suspended Ceilings				
Garage Leakage Tested Repair Work Suspended Ceilings Weather Stripping				
Sweeps				
Other				
Other				
Other				
Client Feedback				
Recommendations				
		<u> </u>		-
Notes				
	Work			
File/Audit Review	Quality	Comments		
NEAT/MHEA Audit	Cuanty			
Work Order				
Audit vs Work Order				
Change Order			-	
Manual J				
Ventilation in Your Home				
RED Calc				
Sign Offs			-	
WAMS Reporting				
Williams Reporting				
NOTES				
-				
			-	
		of this weatherized unit. I certify that the Weatherization measures wer inimum standards listed in the state plan, and a post weatherization diag		
QCI Signature		Date	_	04/28/15

Page	1	of	

State of Iowa Bureau of Weatherization

Housing Field Inspection Report

☐ Initial Inspection	on \square Reinspection	Program:
Agency	File Number	Date of QCI Inspection
Client Name	Phone Number	Grantee QCI Inspector
Address	Total Spent	Certification #
Findings that Require Corrective Work (cite stand	ards):	
Warranty Issues (measures installed incorrectly or roost to program):		must be corrected at no
Concerns:		
Comments/Recommendations:		

Administrative Program Monitoring Review for the PY22 Iowa Weatherization Assistance Program

Agency Name:	select one	
Monitoring Dates:		
Name of Agency Staff Completing This Form:		
Previous year findin	ngs:	
1		
2		
	General Information	
How many homes d funding?	o you plan to weatherize in PY22 (all funding sources) and will that spen	nd all your
Who is responsible	for maintaing the priority list?	
VIIIO IS TESPONSIBIE	To maintaing the profity list:	
Who runs Manual J	if replacing a furnace?	
What process is use	ed to ensure MSDS sheets are current at the Agency?	
Whom at the Agency	y is responsible for keeping equipment updated and calibrated?	

When was the agency's Personnel Policies last updated and approved by the Governing		
Board?	Date:	
When was the agency's Procurement Policies last updated and approved by the Governing Board?	Date:	
When was the agency's Financial Procedures manual last updated and approved by the Governing Board?	Date:	
When was the agency's financial audit last bid out?	Date:	
What additional resources do you need to help meet the increased production goals for i funds?	nfrastru	cture
When was the last time your Agency updated the water heater library in NEAT/MHEA Aud	it?	
Do contractors have their own lead firm certification or do they work under the Agency?		
Please list the contractors that work under the Agency lead firm (if any) below.		
Do you document if the evaluator puts a CO in the combustion appliance zone?		
Who is responsible for taking photos of inaccessable areas at a home?		
When was the last time you reviewed the Standards with your staff?		
Do you bid out tune and clean work annually or per job?		
Explain agency's process if work fails QCI inspection. (include weatherization crews or contract electrical, etc.)	ctors, HV	AC,

Who is responsible for ensuring repairs that should be tied to an energy conservation me	easure (ECM) are?
If you have suspended your appliance program when do you plan to restart it?	
in you have eacpended your appliance program when do you plan to restart it.	
When the Agency determines an electrician is needed to install a fan is the work bid out	annually or on a
per job basis?	annually or on a
per job basis:	
Cummany	
Summary	
(for DCAA use)	
A. Process:	
B. Findings:	
C. Comments:	
D. Exit Conference: (date, who was invited, who was in attendance)	
Posnonso to provious administrative monitoring received in timely manner?	a alast and
Response to previous administrative monitoring received in timely manner? Response to previous technical monitoring received in timely manner?	select one

* Denotes requirem	nent			Inform	nation							
	File #											
	riority#											
	d on Priority List?											
	AFN#											
	Energy Auditor											
Auditor/	HVAC Inspector											
Inspector	Final Inspector											
LIHEAP/ Wx	App Date											
	App in File* (Y/N)											
	Date Audited											
	Date Completed											
Energy Audit/ Completion	Total # Weeks App to Audit	0	0	0	0	0	0	0	0	0	0	
Completion	Total # Weeks											
	Audit to Completion	0	0	0	0	0	0	0	0	0	0	Average 0
	Ownership Status (Rent, Buy, Own)											
	Buying on Contract Documentation in File* (Y/N/NA)											
Ownership	LL Agrmt in File* (Y/N/NA)											
Status/ Housing Type	Housing Type (Mobile Home, Duplex, Apartment, House, Multi- Unit)											
	Multi-Unit Waiver* (Y/N/NA)											
	Mobile Home Doors Left with 2 Working Doors* (Y/N/NA)											
Co	mments											

						Expen	ditures				
	ile#	0	0	0	0	0	0	0	0	0	0
Α	FN#	0	0	0	0	0	0	0	0	0	0
File	Closed Complete (Y/N) Funding Source (HEAP-19, HEAP-19, DOE-19, DOE-19)										
	Exceeded (Y/N) Waiver Obtained										
\$12,000 Limit (based upon original estimate)	(Y/N/NA) Approval Date Original Estimate (amount)										
re	Final amount charged that was reported in WAMS										
	Costs Charged to Program (amount)										
	Costs Accounted for in NEAT/MHEA (amount)										
Incidental Repairs	Exceeded Amount Allowed by NEAT/MHEA (Y/N - Provide Explanation for N)										
	If a window and/or door was replaced, are there photos documentating the need in the file? (Y/N)										
	Were repairs tied to an ECM?										
	measures reported rectly?										
General H&S	Costs Charged to Program (amount)										
Repairs	\$1,500 Limit Exceeded (Y/N/NA) mments										

* Denotes requirem	nent					Tune/Cle	ean Work				
	File#	0	0	0	0	0	0	0	0	0	0
/	AFN#	0	0	0	0	0	0	0	0	0	0
Tune/Clean	Cost (amount) Contractor										
	Needed (Y/N)										
	In File (Y/N/NA) Change Order Date*										
Change Order	Detailed* (Y/N - if N, provide explanation)										
3	& Dated Change Order* (Y/N)										
	Agency's Rep Signed & Dated Change Order* (Y/N)										
Charges	Invoice Matches Bid (Y/N) Invoice Date										
Charges	Detailed* (Y/N - if N, provide explanation)										
	Date Inspector										
	Passed/Failed (P/F)										
	Was the motor pulled? (Y/N/NA)										
	Is there a photo of the motor pulled? (Y/N/NA)										
1st Inspection	Adequate Notes Explaining Failure* (Y/N/NA - if N, provide explanation)										
	Was work inspected before contractor was paid?										
	Pictures at Time of Energy Audit (Y/N/NA)										
	Pictures at Time of Inspection (Y/N/NA)										
	Date										
0.11	Inspector Passed/Failed (P/F)										
2nd Inspection	Pictures at Time of Reinspection										
Со	(Y/N/NA) mments										

* Denotes requiren	nent					HVAC Repair	r/Replacemen	nt			
	File #	0	0	0	0	0	0	0	0	0	0
	AFN#	0	0	0	0	0	0	0	0	0	0
Repaired	Cost (amount) Exceeded Limit (Y/N)										
	Contractor										
	Cost (amount) Venting Cost (amount) Contractor Fuel Source (old) Fuel Source (new) Propane Alarm Installed (Y/N/NA - if N, provide explanation) Make (bid) Make (installed) Furnace Info on										
Replaced	Client Energy Audit Fully Completed (Y/N) Are static pressure numbers filled out?										
	If the thermostat was replaced, was it wired for fan only? (Y/N/NA) Replaced for Eff										
	Reasons (Y/N) If replaced for efficiency, was it reported correctly in WAMS?										
	Furnace Size (Manual J Calculation) Manual J Software Using										
	Fuel Switched (Y/N)										
Fuel Switch	Properly Recorded in NEAT/MHEA Audit (Y/N)										
	Waiver Obtained (Y/N/NA)										
	Needed (Y/N)										
	In File* (Y/N/NA)										
	Change Order Date*										
Furnace Change Order	Detailed* (Y/N - if N, provide explanation)										
	Contractor Signed & Dated Change Order* (Y/N)										

* Denotes requiren	nent					HVAC Repair	/Replacement	t			
	File #	0	0	0	0	0	0	0	0	0	0
	AFN#	0	0	0	0	0	0	0	0	0	0
	Agency's Rep Signed & Dated Change Order* (Y/N)										
Secondary	Is a secondary heating system present? (Y/N/NA)										
Heating System	If a secondary heating system was present was it tested? (Y/N/NA)										
Furnace	Invoice Matches Bid and Change Order* (Y/N - if N, provide explanation)										
Charges	Invoice Date* Detailed* (Y/N - if N, provide explanation)										
	Date	_	_		_	_	_	_	_		_
	Inspector Passed/Failed (P/F)	0	0	0	0	0	0	0	0	0	0
	Adequate Notes Explaining Failure* (Y/N/NA - if N, provide explanation)										
1st Inspection	Was work inspected before contractor was paid?										
	Pictures at Time of Energy Audit (Y/N/NA)										
	Pictures at Time of Inspection (Y/N/NA)										
	Date										
	Inspector										
2nd Inspection											
	Pictures at Time of Reinspection (Y/N/NA)										
Co	mments										

* Denotes requirem	Frequirement Water Heater Work File # 0										
F	AFN#	0	0	0	0	0	0	0	0	0	0
Repaired	Cost (amount) Exceeded Limit										
Repaired	(Y/N) Contractor										
	Cost (amount)										
	Venting Cost (amount)										
	Contractor Fuel Source (old)										
	Fuel Source (new)										
	Gallons (existing)										
	Gallons (bid) Gallons (new)										
	Make/Model (bid)										
	Make/Model										
Replaced	(installed) Replaced for Eff										
	Reasons (Y/N) If replaced for efficiency, was it										
	reported correctly in WAMS?										
	Water Heater Info on Client Energy Audit Fully										
	Completed (Y/N) NEAT/MHEA Audit										
	Called for Replacement (Y/N/NA - if N, provide explanation)										
	Fuel Switched (Y/N)										
Fuel Switch	Properly Recorded in WAMS (Y/N - if N, provide explanation)										
	Waiver Obtained (Y/N/NA)										
	Needed and in File (Y/N)										
	Change Order Date* Detailed* (Y/N -										
Water Heater	if N, provide explanation)										
Change Order	Contractor Signed & Dated Change Order* (Y/N)										
_	Agency's Rep Signed & Dated Change Order* (Y/N)										
	Invoice Matches Bid and Change										
Water Heater	Order* (Y/N/NA - if N, provide explanation)										
Charges	Invoice Date*										

* Denotes requirem	ent					Water He	ater Work				
	File#	0	0	0	0	0	0	0	0	0	0
	AFN#	0	0	0	0	0	0	0	0	0	0
	Detailed (Y/N - if N, provide explanation)										
	Date Inspector										
	Passed/ Failed (P/F)										
1st Inspection	Adequte Notes Explaining Failure* (Y/N/NA - if N, provide explanation)										
	Was work inspected before contractor was paid?										
	Pictures at Time of Energy Audit (Y/N/NA)										
	Pictures at Time of Inspection (Y/N/NA)										
	Date										
2nd Inspection	Inspector Passed/ Failed (P/F)										
	Pictures at Time of Reinspection (Y/N/NA)										
Co	mments										

* Denotes requireme	ent					Weatheriza	ation Work				
	File#	0	0	0	0	0	0	0	0	0	0
	AFN#	0	0	0	0	0	0	0	0	0	0
Wx Con	tractor Name										
	Attic Insulation - amount called for is same as installed (Y/N/NA - if N, provide explanation)										
	Floored Attic										
Insulation	Roof Rafter/Ceiling Slants										
	Sidewall Bandjoist/Sillbox										
	Kneewall										
	Crawlspace										
	Floor Joist										
	Underbelly										
	Officerbelly										
Recessed lights	If there are recessed lights and the box is not visible over the insulation, are photos of the box in the file? (Y/N/NA)										
Alarms	CO Needed and Installed (#)										
Alaitiis	Smoke Needed and Installed (#)										
	Needed (Y/N)										
	In File* (Y/N/NA)										
	Change Order										
	Date* Detailed* (Y/N - if N, provide										
Wx Change Order	explanation) Contractor Signed & Dated Change Order* (Y/N)										
	Agency's Rep Signed & Dated Change Order* (Y/N)										
	Invoice Matches Bid and Change Order* (Y/N/NA- if N, provide explanation)										
	Invoice Date*										
Wx Charges	Detailed (Y/N - if N, provide explanation)										
	Was work inspected before check issued?										
	Were door and/or window replacements tied to an ECM?										

* Denotes requireme	nt					Weatheriza	ation Work				
	ile#	0	0	0	0	0	0	0	0	0	0
A	FN #	0	0	0	0	0	0	0	0	0	0
	Date		_								
	Inspector	0	0	0	0	0	0	0	0	0	0
	Passed/Failed (P/F)										
	Adequte Notes Explaining Failure* (Y/N/NA - if N, provide explanation)										
	Required Statement on Inspection Sheet* (Y/N - if N, provide explanation)										
	Using Audit/Inspection Form (Y/N)										
1st Inspection	Pictures at Time of Energy Audit (Y/N/NA - if N, provide explanation)										
	Pictures at Time of Inspection (Y/N/NA - if N, provide explanation)										
	Pictures of covered up and/or inaccessible measures - Exhaust Fans, Ducting, Bypass Blocks, Sealed Heat Shields, etc.* (Y/N/NA - if N, provide explanation)										
	Date										
	Inspector										
2nd Inspection	Passed/Failed (P/F)										
Zira mopostion	Pictures at Time of Reinspection (Y/N/NA)										
Client Information	Client Signature on Inspection* (Y/N - if N, provide explanation)										
	Date Client Signed Inspection*										
	If siding was tested, was a copy given to client? (Y/N/NA)										
Slate siding	If results show greater than 1% asbestos, were proper standards followed? (Y/N/NA)										
Cor	l nments										
COI	iiiioiilo										

* Denotes requireme	nt		Electrical Work 0<								
	ile#	0	0	0	0	0		0	0	0	0
	FN#	0	0	0	0	0	0	0	0	0	0
Electrical Co	ontractor Name										
	Fan install - electrician needed (enter # installed)										
Exhaust Fans	#, Location, and Seq # of Fan/s Installed Reported Correctly in WAMS (Y/N/NA - if N, provide explanation)										
	RED Calc Pre and Post Printouts in File* (Y/N/NA)										
Documentation	Your Home in File and Fully Completed (enter number of forms in file)										
	Needed (Y/N) In File* (Y/N/NA) Change Order Date*										
Electrical	Detailed* (Y/N - if N, provide explanation)										
Change Order C	Contractor Signed & Dated Change Order* (Y/N)										
	Agency's Rep Signed & Dated Change Order* (Y/N)										
Electrical Charges	Invoice Matches Bid and Change Order* (Y/N/NA if N, provide explanation)										
Chargo	Invoice Date* Detailed (Y/N - if N, provide										
	explanation) Date										
	Inspector	0	0	0	0	0	0	0	0	0	0
	Passed/Failed (P/F)	U	U	U	U	U	U	U	U	U	U
1st Inspection	Adequte Notes Explaining Failure* (Y/N/NA - if N, provide explanation)										
	Pictures at Time of Energy Audit (Y/N/NA - if N, provide explanation)										
	Pictures at Time of Inspection (Y/N/NA - if N, provide explanation)										
	Date										
	Inspector										

* Denotes requireme	ent					Electric	al Work				
F	File #	0	0	0	0	0	0	0	0	0	0
A	AFN#	0	0	0	0	0	0	0	0	0	0
2nd Inspection	Passed/Failed (P/F)										
	Pictures at Time of Reinspection (Y/N/NA)										
Cor	mments										

* Denotes requirement					Refrigeration	n Appliances				
File #	0	0	0	0	0	0	0	0	0	0
AFN#	0	0	0	0	0	0	0	0	0	0
Were appliances metered?										
Appliance Ownership (Client, Landlord)										
Appliance Vendor Name										
Appliance Agreement in File (Y/N/NA if N, provide explanation)										
Appliance Invoice Detailed (Y/N/NA - if N, provide explanation)										
Invoice Date										
Pictures at Time of Energy Audit (Y/N/NA)										
Pictures at Time of Inspection (Y/N/NA)										
Comments										

* Denotes requiren	nent					Docume	entation				
	File#	0	0	0	0	0	0	0	0	0	0
-	AFN#	0	0	0	0	0	0	0	0	0	0
Air Leakage	Blower Door Pre/Post Testing - calculated and correctly reported in WAMS* (Y/N - if N, provide explanation) Pre Reading Post Reading Reduction Attached/Tuck- Under Garage Present, Testing Conducted and Correctly Reported in WAMS* (Y/N/NA - if N, provide explanation) Pre Reading Post Reading										
Lead Work	Lead Exemption Form in File (Y/N/NA- if N, provide explanation) Lead Paint Notification in File (Y/N/NA) Notification Date Distributed By (crew, energy auditor, contractor) Date Work Began Total # Days from Notification to Work Beginning Lead Disturbed (Y/N) Lead Pics in File (Y/N/NA - if N, provide explanation)	0	0	0	0	0	0	0	0	0	0
	Iowa Wx Lead- Safe Report (Y/N/NA - if N or improperly completed, provide explanation) House Files										
	Checklist being Followed (Y/N) Energy Audit Form Fully Completed (Y/N/NA - if N, provide explanation)										
	Vermiculite Present in Home, Tested, Copy in file, and Reporeted in WAMS (Y/N)										

* Denotes requirem	nent					Docum	entation				
	File#	0	0	0	0	0	0	0	0	0	0
,	AFN#	0	0	0	0	0	0	0	0	0	0
	SHPO Documentation (Y/N)	-	·	-	-		-				
	NEAT/MHEA Audit Input AND Output Reports (Y/N)										
	Cumulative SIR										
Miscellaneous (required in files)	Deferral Documentation (Y/N/NA - if N, provide explanation)										
	Release of Liability (Y/N)										
	H&S Form #1 (Y/N)										
	H&S Form #2 (Y/N)										
	Health and Safety Notifications Document (Y/N)										
	Pics of Mold Needed and Present (Y/N/NA)										
	If mold was present and removed with program funds, was it tied to an ECM?										
	Verification COVID- 19 precautions used?										
	State Inspection Documentation (Y/N/NA - if N, provide explanation)										
Miscellaneous (may be in file-not	County Assessor's Printout (Y/N)										
(may be in file-not required)	Request for Addt'l Insulation Measures (Y/N)										
Co	mments										

	(Age	ncy Name) -	Contractors	(PY2022)						
	Item		Plumbing & Mechanical Contractors Electric C							
	Business Name									
Info	City, State									
	Owner/s									
	Contract/Agreement (Expires)									
	* Contract Properly Signed and Dated									
Documentation	Contractor's Registration (Expires) EPLS Search on Sam.gov (Research Date)									
	* Researcher Name									
	Checklist of Order of Documentation in File									
	General Liablity (Expires)									
	Auto (Expires)									
Insurance	Worker's Comp (Expires)									
	Worker's Comp Waiver (Date Signed)									
	Furnace Replacements (any fuel source - using									, , ,
	existing wiring)									NA
	* No electrical license req'd	NA	NA	NA	NA	NA	NA	NA	NA	NA
	* Master or Journeyman HVAC or									NA
	Mechanical (expires)									
	Furnace Replacements (any fuel source - new wiring									NA
	needed) * Class A or B, or Residential Electrician									
	or Residential Master license reg'd (Expires)									NA
	* Electrical Contractor license (Expires)									
	* Master or Journeyman HVAC or									
	Mechanical (expires)	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	NA
	Tune/Cleans and Repairs (no installation)								+	NA
	* No electrical license reg'd <u>unless</u>									IVA
	disconnecting/reconnecting the furnace for	NA	NA	NA	NA	NA	NA	NA	NA	NA
	a tune/clean or repair									
	* Minimum Service Tech HVAC Specialty									
	(Master or Journeyman HVAC or Mechanical	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	NA
	trumps) (expires)									
Heating Systems	Mobile Home Furnace Replacements (any fuel									l _{NA}
	source - using existing wiring) * No electrical license reg'd	NA	NA	NA	NA	NA	NA	NA	NA	NA
	* Master or Journeyman HVAC or	INA	INA	INA	INA	INA	INA	INA	INA	INA
	Mechanical (expires)	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	NA
	Mobile Home Furnace Replacements (any fuel									
	source - new wiring needed)									NA NA
	* Class A or B, or Residential Electrician	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	NA
	or Residential Master license req'd	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	INA
	* Master or Journeyman HVAC or	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	NA
	Mechanical (expires)									l
	Boiler Replacements (using existing wiring)									NA
	* No electrical license req'd	NA	NA	NA	NA	NA	NA	NA	NA	NA
	* Master or Journeyman Hydronics or									NA
	Mechanical (expires)									
	* Class A or B, or Residential Electrician									NA
	or Residential Master license reg'd (Expires)	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	NA
	* Master or Journeyman Hydronics or									
	Mechanical (expires)	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	NA
	Water Heater Replacements (using existing wiring)									NA
	, , , , , , , , , , , , , , , , , , , ,									
	* No electrical license req'd	NA	NA	NA	NA	NA	NA	NA	NA	NA NA
	* Master or Journeyman Plumbing (Expires)									NA NA
	Water Heater Replacements (new wiring needed)									NA

	ltem		Plum	bing & Mech	anical Contra	actors		Electric C	ontractors	١
	* Class A or B, or Residential Electrician or Residential Master license reg'd (Expires)	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	NA
	* Master or Journeyman Plumbing (Expires)	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	NA
	Water Heater Repairs (no installation of new unit)	01,00,00	02/00/00	02/00/00	02/00/00	02/00/00	02/00/00	01/00/00	02/00/00	NA
	* No electrical license req'd <u>unless</u> disconnecting/reconnecting the water	NA	NA	NA	NA	NA	NA	NA NA	NA	NA
Water Heaters	heater for a repair	NA.	IVA	IVA	IVA	IVA	INA	l NA	INA	IVA
Trato. Tratore	* Minimum Disconnect/Reconnect Plumbing Technician Specialty (Master or Journeyman Plumbing trumps) (Expires)	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	NA
	Mobile Home Water Heater Replacements (using existing wiring)									NA
	* No electrical license req'd	NA	NA	NA	NA	NA	NA	NA	NA	NA
	* Master or Journeyman Plumbing (Expires)	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	NA
	Mobile Home Water Heater Replacements (new wiring needed)									NA
	* Class A or B, or Residential Electrician or Residential Master license req'd (Expires)	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	NA
	* Master or Journeyman Plumbing (Expires)	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	NA
	Exhaust Fans (using existing wiring - straight rplcmt)									NA
	* No electrical license req'd	NA	NA	NA	NA	NA	NA	NA	NA	NA
Exhaust Fans	Exhaust Fans (new wiring needed - 4 or fewer units)									NA
	* Class A or B, or Residential Electrician or Residential Master license req'd (Expires)	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	01/00/00	NA
Lead Documentation	Contractor has at least 1 person who is a certified Lead Renovator									
Requirements	Lead Renovator ID Card (Expires) Firm Certificate (Expires)									
Comments	General Comments							Ì		

	.		A market and Market				
nerizatio	n Contractor	S	Appliance Vendors				
			NA NA	NA NA	NA NA		
NA	NA	NA	NA	NA	NA		
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nerizatio	n Contractor	S	Арі	pliance Vend	ors
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