

Agency: BVCAP CAPLSC CAPMN CNCAP HFHO NENCAP NWCAP SENCA

Inspector Name:	Date:	Job Number:
Client Name & Address:	City:	Phone Number:

INSPECTION REQUIREMENTS

Question	Yes	No	Remarks
1. Does your home have broken glass in windows and doors?			
2. Does your home have foundation problems?			
3. Do you have a basement or a crawl space?			
4. Is the outside of your home free of debris so that a contractor could work on your home?			
5. Does your roof leak or is there physical damage to the inside from a roof leak?			
6. Is the access to windows, doors, attic etc. free on the inside of your home?			
7. Are you in the process of remodeling or do you plan on remodeling your home in the near future?			
8. Are any parts of your ceilings, walls or floors incomplete or in need of repairs?			
9. Do you have any broken or leaking water or sewer lines?			
10. Does water leak/stand in the basement or crawlspace?			
11. If mobile home, is the underbelly free of debris and/or standing water?			
12. Have you noticed mold/mildew growing on windows, walls or in corners?			
13. Do you use your attic for storage?			
14. Does your furnace work?			
15. Are any utilities turned off by the utility companies?			
16. Do you have pets in the house?			
17. Do you have any type of wood, pellet, corn stove, or fire place?			
18. Is the home listed for sale or do you have any knowledge of Federal, State, or Local program designation of your home for acquisition or clearance?			

BUILDING DETAILS

19. Water heater: <input type="checkbox"/> Gas <input type="checkbox"/> Electric 20. Cook stove: <input type="checkbox"/> Gas <input type="checkbox"/> Electric 21. Do you have a: <input type="checkbox"/> Breaker <input type="checkbox"/> Fuse box 22. Heating system: <input type="checkbox"/> Forced Air <input type="checkbox"/> Steam <input type="checkbox"/> Water Boiler <input type="checkbox"/> Vented Console <input type="checkbox"/> Wall Furnace <input type="checkbox"/> Wood Stove <input type="checkbox"/> Electric Baseboard <input type="checkbox"/> Unvented Heater	24. Cooling system: <input type="checkbox"/> Central Air <input type="checkbox"/> Window A/C 25. If window air conditioning is used, how many do you have? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 26. Is there a sump pit in your home? <input type="checkbox"/> YES <input type="checkbox"/> NO 27. Does your home have an active radon mitigation system installed? <input type="checkbox"/> YES <input type="checkbox"/> NO
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23. I understand that the decisions concerning material type and quantity shall be the responsibility of the Agency providing the service. The determination for the type of work to be implemented on your home is solely based on the completion of an inspection and an energy audit that assesses how much money can be saved with implementation and work provides a cost-effective savings-to-investment ratio (SIR).

SIGNATURES

Sign Here _____ Date _____

Client Signature

_____ Date _____

Weatherization Representative

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