

STATE OF UTAH WEATHERIZATION ASSISTANCE PROGRAM

FIELD INSPECTION REVIEW FORM

Agency _____ Date of job completion _____

Client name _____ Address _____ City _____

COMMENTS

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

Date of site inspection _____

Comments: