Weatherization Forms Webinar

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Background

- **These forms have been edited with the help and input of the MWAG Forms Committee.**
- **The forms will be required as of February 1st 2013.**
- **The goal of this Webinar is to provide training on the purpose of these forms.**

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Forms

- **The format of the forms may not be altered except for the areas that have text fields.**
- **SP's have space in the header of the forms to include their logo and contact information.**
- **A new Household Files Policy Page is available on the website for service providers to reference when a form is required.**

Where to find the forms

- **All of the forms can be found at the Division of Energy Resources Website.**

- **<u>Service Provider Forms</u>**

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Weatherization Service Agreement

WEATHERIZATION SERVICE AGREEMENT

This is an agreement between and _____ (Client)

Client Address _____

shall provide services included below depending on the cost effectiveness of each service and in compliance with the Federal Weatherization Assistance Program specifications **AT NO COST TO THE CLIENT** listed at the above address.

Weatherization Work

____1. Air seal major air leaks
____2. Insulate the attic
____3. Insulate exterior walls
____4. Insulate the foundation walls
____5. Insulate the crawlspace/mobile home belly
____6. Weather strip exterior doors
____7. Clean and tune the heating plant
____8. Replace the heating plant
____9. Install a programmable thermostat
____10. Revent the heating plant
____11. Revent the water heater
____12. Install an exhaust fan
____13. Revent the existing kitchen/bath fan
____14. Install smoke and CO detectors
____15. Revent the clothes dryer
____16. Install or change the combustion air
____17. Perform Lead Safe Work Practices
____18. Replace the main refrigerator
____19. Replace light bulbs
____20. Carbon Monoxide mitigation
____22. Back drafting issues at the following appliance:_____
____22. Fuel leaks at_____
____23. Removal or disconnection of Knob and Tube wiring
____24. Other _____

I understand the weatherization, energy conservation, and health and safety work scheduled to be completed on my home. However, I understand that the weatherization and energy conservation work that will be completed is dependent on a cost analysis to be completed by . I understand that I will be informed in writing of the work to be completed prior to start of the weatherization work. I agree to have **ALL** of the work listed above that is determined cost effective by the Weatherization Assistance Program to be completed on my home.

I understand that by signing this agreement that I must provide representatives of and representatives of its funding sources including the Minnesota Department of Commerce and the U.S. Department of Energy, access to the dwelling unit(s) to inspect the work performed under this agreement for a period of one year from completion of the work.

I understand that by declining one or more of the items on the list above I may not receive Weatherization work on my dwelling. This agreement may be amended only in writing signed by the client and .

_____ _____
Client Signature (required) Date

_____ _____
Service Provider Representative Signature (required) Date

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Weatherization Service Agreement

- **Now on an 8.5 x 11 sheet of paper.**
- **The confusing language regarding the SIRs and refusal of work has been rewritten.**
- **The final inspection signatures have been moved to a new Final Inspection Form.**
- **This form is required on all weatherization jobs and a copy must be left with the client.**

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Final Inspection Form

FINAL INSPECTION FORM

Client name:_____ Client ID# _____

Weatherization Work

____1. Air seal major air leaks
____2. Insulate the attic
____3. Insulate exterior walls
____4. Insulate the foundation walls
____5. Insulate the crawlspace/mobile home belly
____6. Weather strip exterior doors
____7. Clean and tune the heating plant
____8. Replace the heating plant
____9. Install a programmable thermostat
____10. Revent the heating plant
____11. Revent the water heater
____12. Install an exhaust fan
____13. Revent the existing kitchen/bath fan
____14. Install smoke and CO detectors
____15. Revent the clothes dryer
____16. Install or change the combustion air
____17. Perform Lead Safe Work Practices
____18. Replace the main refrigerator
____19. Replace light bulbs
____20. Carbon Monoxide mitigation
____22. Back drafting issues at the following appliance:_____
____22. Fuel leaks at_____
____23. Removal or disconnection of Knob and Tube wiring
____24. Other _____

I have verified that all of the weatherization work listed above has been completed in a professional manner. Unless otherwise noted, the labor and material warranty is for one year from the date of the final inspection.

_____ _____
Client Signature (required) Date

_____ _____
Service Provider Representative Signature (required) Date

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Final Inspection Form

- **New form that is required on all weatherization jobs.**
- **Allows the final inspector to get a signature to document the work that was actually completed at the dwelling.**
- **A copy of the form must be left with the client.**

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Notice of a Safety Problem

NOTICE OF A SAFETY PROBLEM

Client name: _____ Client ID#: _____

The following items are areas that has noted as a safety hazard in your home and should be corrected by the client or landlord.

___ 1. No safety hazards identified at this time.
___ 2. Open junction boxes located in:_____
___ 3. Unsafe wiring located in:_____
___ 4. Potentially loose asbestos on venting or hot water lines
___ 5. Vermiculite insulation was found in your attic.
___ 6. The gas range/oven is producing high CO.
___ 7. Water in the basement or crawl space
___ 8. Mold located in the following areas: see the Mold and Moisture Assessment Form
___ 9. Excess moisture or high humidity
___ 10. Major roof leaks
___ 11. Lack of a clear fire escape
___ 12. Loose or missing handrails located at:_____
___ 13. Other _____
___ 14. Other _____
___ 15. Other _____

I understand that the items listed above present a safety hazard to myself and anyone in my home. I understand that Weatherization may not be able to correct these items. I understand that it is my responsibility to address these issues.

_____ _____
Client Signature (required) Date

_____ _____
Service Provider Representative Signature (required) Date

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Notice of a Safety Problem

- **Required on all dwellings**
- **Changes include moving the “No safety hazards identified at this time” to the top of the form.**
- **Installers and Final Inspectors should have copies of these forms in case they come across a hazard. This allows for additional documentation to protect the client and the service provider.**
- **A copy of this form must be provided to the client.**

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Mold and Moisture Assessment

MOLD AND MOISTURE ASSESSMENT

Client name:_____ Client ID#_____

1. *MOISTURE AREAS*

Existing Conditions (check all that apply)

	Damp atmosphere in house
	Client complaints of allergy-like symptoms
	Visible mold growth *(if yes go to #2)*
	Evidence of water penetrating the house *(stains, moist areas)*
	Evidence of conditions that might allow water to enter the house *(poor grading, bad flashing, bad/missing gutters)*
	Actual construction defect or deterioration that allows water into the home *(roof,/decks, windows, concrete slabs, lack of vapor barrier, missing crawl space ground cover*
	Plumbing defects *(leaking pipes, drains or toilet seals. Unvented soil stacks. Missing caulk on sinks or tubs, non operating sump pump*
	HVAC problems *dirty moist filter, poor condensation drainage, unvented space heater*
	Dryer vented indoors, inadequate ventilation for a kitchen, bath, or other high moisture area
	Any source of condensation
	No evidence of moisture was found at this time

2. *MOLD AREAS*

Checklist		Existing Mold	*Sq. Ft. of mold*	Remediation to be done by Client/Landlord
	Bathroom *location:*	❑		❑
	Kitchen	❑		❑
	Laundry Area	❑		❑
	Basement Walls	❑		❑
	Crawlspace	❑		❑
	Exterior Walls	❑		❑
	Attics/Ceilings	❑		❑
	Other *Specify*	❑		❑
	No evidence of mold was found at this time			

Additional Comments _____

_____

_____

_____

These are the existing conditions as of the date below. Weatherization will / will not be able to proceed due to items identified on this form.

_____ _____

Service Provider Representative Signature (required) Date

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Mold and Moisture Assessment

- **Required on all audits.**
- **A client signature is no longer required.**
- **A check box was added to state that no evidence of mold or moisture was found at this time.**
- **This form may need to be provided to the client as documentation when a home is a walk away or deferred.**

Deferral Form

DEFERRAL FORM

Client name: _____ Client ID#_____

To assist our Weatherization Program staff and to better serve our customers, the following conditions must be met as described:

___1. Animal feces in the area where contractors or crews will be working must be removed.

___2. Evidence of excessive amounts of garbage, rats, mice, roaches, fleas or other rodents or pests must be removed where contractors or crews will be working.

___3. Excessive clutter must be removed that will prevent the installation of Weatherization materials or services to your heating unit.

___4. The presence or use of any controlled substance in the residence must not be evident during any part of the Weatherization process.

___5. All pets must be kenneled, leashed, or isolated during the Weatherization process.

___6. A threat of violence to any Weatherization contractor, staff or any member of your household during the Weatherization process will result in the immediate stoppage of Weatherization work and may result in a request for payment for any work completed to that stoppage.

___7. Weatherization may not begin until any major remodeling projects in progress are completed.

___8. Weatherization or mechanical work will be postponed until any major roof leaks are corrected.

___9. There is mold or excessive moisture in your home. See the Mold and Moisture Assessment From.

___10. Evidence of Vermiculite insulation which is assumed to contain asbestos.

___11. Other conditions: _____

You have until _____ to resolve the above requested conditions. If not resolved, your application for Weatherization will be denied. A reinspection of your residence will be assigned once these issues are resolved.

I have read and understand why the Weatherization work is being delayed or denied for my home. I will contact once the items listed above have been corrected.

_____ _____
Client Signature (if the client is available) Date

_____ _____
Service Provider Representative Signature (required) Date

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Deferral Form

- **This form is required when a home is a walk away or is deferred.**
- **A statement was added to the form stating that vermiculite was present and that is why the house is deferred.**
- **A home is deferred when weatherization work can't be completed until something is fixed by the client or another program.**
- **A home is a walk away when the home will never be weatherized because of the conditions of the home.**

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Deferral Form

- A copy of this form must be left with the client or sent by certified mail depending on the situation.
- There may be situations where an auditor can't or shouldn't get a client signature. These situations could include:
  - Where the client or the client's pets present a danger to the auditor or other people.
- In these cases the auditor must thoroughly document the situation and why the home was deferred including why a client signature was not obtained.

Client Preparation Form

CLIENT PREPARATION FORM

Client Name: _____ Client ID#:_____

CLIENT REQUIREMENTS

___ 1. Remove all items stored in the attic before the weatherization work begins.
___ 2. Remove all items stored in the crawl spaces before the weatherization work begins.
___ 3. Remove all items stored on the garage common wall before the weatherization work begins.
___ 4. Remove all items stored in closets with attic hatches before the weatherization work begins.
___ 5. The client assumes responsibility for cleaning up minor amounts of dust after the weatherization work is completed.
___ 6. Keep pets kenneled or leashed while the weatherization work is being completed.
___ 7. Other: _____
___ 8. Other: _____
___ 9. Other: _____

I will complete the activities listed above. I will complete them at least one day **PRIOR** to the weatherization work being started on my home. I understand that I will receive notification of when the work will begin on my home.

I understand that if the above items are not completed before the weatherization work begins that it may result in no work being completed on my home.

_____ _____
Client Signature (required) Date

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Client Preparation Form

- **This form is very similar to one of the sections in the original Client Participation Form.**
  - **The work group decided that the Client Participation form could be confusing and split the form into the Client Education and Client Preparation Form.**
- **This form is only required when the content of the form is applicable to the weatherization job.**
- **A copy of this form must be provided to the client.**

Client Education Form

CLIENT EDUCATION FORM

Client name:_____ Client ID#_____

CLIENT EDUCATION

___ 1. Complete a clean and tune for the heating plant once every 1, 2, 3 year(s). (circle appropriate year)
___ 2. Bleed radiators and add water to the boiler annually per the provided instruction sheet.
___ 3. Change the furnace filter monthly.
___ 4. Set the thermostat to the following temperature: Day_____ Night_____.
___ 5. Use CFL bulbs.
___ 6. Keep the refrigerator coils clean (vacuum or brush the coils in the spring and the fall).
___ 7. Replace the batteries in the Smoke and CO alarms once a year or when they are beeping.
___ 8. Replace CO and Smoke alarms every 5 years.
___ 8. Do not alter or plug the combustion air duct.
___ 9. Use exhaust fans after each shower for at least 30 minutes.
___ 10. Clean the lint out of the clothes dryer's lint trap after every load. Clean out the vent hood as needed.
___ 11. _____
___ 12. _____

I understand that completing the items listed above will result in energy savings. I understand that following the items listed above may increase the overall health and safety of the occupants of this house.

The appeals process for weatherization work has been explained to me by the energy auditor.

_____ _____
Client Signature (required) Date

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Client Education Form

- **This is a new form. The information on this form was removed from the original Client Participation Form**
- **This form is required on all weatherization jobs and a copy must be left with the client.**
- **A major change in the Client Education Form is that auditors must inform the clients of the Appeals Process at the time of the audit.**

Client Refusal of Work Form

CLIENT REFUSAL OF WORK FORM

Client Name:_____ Client ID#_____

_____

_____

_____

_____

_____

_____

I do not want the work listed above to be completed on my home. I understand that by refusing an energy conservation or health and safety measure that I may be lowering the amount of energy saved in my home. I also understand that I may be putting myself or others in my home at risk to potential safety problems.

I understand that by refusing the work listed above it may affect the overall cost effectiveness of the weatherization work.

I understand that refusing this work may result in no work being completed on my home.

_____ _____

Client Signature (required) Date

_____ _____

Service Provider Representative Signature (required) Date

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Client Refusal of Work Form

- **This form is required when a client refuses any measure. A copy of this form must be provided to the client**
- **Installers should have copies of these forms in the field so they can be filled out to document what occurred at the dwelling.**
- **If a client refuses a measure during the weatherization work the audit must be rerun to ensure that the SIR requirements are met before any additional work is completed by the installer.**

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Client Refusal of Work Form

- **If a client refuses a measure prior to the work starting the SP must determine if the weatherization job is still within the program requirements.**
- **Installers should go through each item in the work order with the client prior to beginning any work to avoid situations where work will be refused.**
- **Installers should explain how each measure will be completed so the client understands what will be happening at their home.**

Scope of Work Change Order Form

SCOPE OF WORK CHANGE ORDER FORM

Client name:_____ Client ID#_____

CHANGE TO THE SCOPE OF WORK: _____

_____

_____

_____

_____

REASON FOR CHANGE IN SCOPE OF WORK:_____

_____

_____

_____

_____ _____
Client Signature (required) Date

_____ _____
Service Provider Representative Signature (required) Date

For office use only

Work Order # _____ Measure Number in WA work order _____

Original Measure Cost $_____ Change in cost _____ (include all cost changes)

New Measure SIR after price change _____ Overall Job SIR after price change _____

Were any measures added or deleted from the new audit run as a result of this change order? Yes / No

If yes, note the measures that were added or deleted _____

_____

_____ _____
Contractor Signature (required) Date

_____ _____
Service Provider Representative Signature (required) Date

Minnesota Weatherization Assistance Program *Revised: February 2013*

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Scope of Work Change Order Form

- This is a revision of the Change Order Form.
- This form is required any time there is a change in the scope of work or there is a change in the cost of any measure.
- A client signature is only needed when there is a change in the scope of work.
- There are two sections to this form
  - One for the change in the scope of work where the client must sign the form.
  - Another section for “Office Use Only” that addresses cost and SIR changes.

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Scope of Work Change Order Form

- **When there is a change in the scope of work or in the price of a measure the audit must be rerun before any additional work can be completed.**
  - **Audits do not have to be rerun if the change effects a Health and Safety Measure. The form must still be filled our in these situations.**
- **Any measures that were added during the audit rerun must be completed.**
- **Any measures that no longer have an SIR of 1.0 or greater after the audit rerun may not be completed.**

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Lead Safe Recordkeeping Form

LEAD SAFE RENOVATION RECORDKEEPING FORM

Name of Firm: _____
Date and Location of Renovation: _____
Brief Description of Renovation: _____
_____
Name of Assigned Renovator: _____
Name(s) of Trained Workers, if used: _____
_____
Name of Dust Sampling Technician, Inspector, or Risk Assessor, if used: _____
_____

- ❑ Copies of renovator and dust sampling technician qualifications (training certificates, certifications) on file.
- ❑ Certified renovator provided training to workers on (check all that apply)
  - ❑ Posting warning signs
  - ❑ Setting up plastic containment barriers
  - ❑ Maintaining containment
  - ❑ Avoiding spread of dust to adjacent areas
  - ❑ Waste handling
  - ❑ Post-renovation cleaning
- ❑ Test kits use by certified renovator to determine whether lead was present on components affected by renovation (identify kits used and describe sampling locations and results):
  _____
  _____
- ❑ Warning signs posted at entrance to work area
- ❑ Work area contained to prevent spread of dust and debris
  - ❑ All objects in the work area removed or covered (interiors)
  - ❑ HVAC ducts in the work area closed and covered (interiors)
  - ❑ Windows in the work area closed (interiors)
  - ❑ Windows in and within 20 feet of the work area closed (exteriors)
  - ❑ Doors in the work area closed and sealed (interiors)
  - ❑ Doors in and within 20 feet of the work area closed (exteriors)
  - ❑ Doors that must be used in the work area are covered to allow passage but prevent the spread of dust.
  - ❑ Floors in the work area are covered with taped down plastic (interiors)
  - ❑ Ground covered by plastic covering 10 feet from work area – plastic anchored to building and weighted down by heavy objects (exteriors).
  - ❑ If necessary, vertical containment installed to prevent migration of dust and debris to adjacent property (exteriors).
- ❑ Waste contained on-site and while being transported off-site
- ❑ Work site properly cleaned after renovation
  - ❑ All chips and debris picked up, protective sheeting misted, folded dirty side inward, and taped for removal.
  - ❑ Work area surfaces and objects cleaned using HEPA vacuum and/or wet cloths or mops (interiors)
- ❑ Certified renovator performed post-renovation cleaning verification (describe results, including the number of wet and dry cloths used). _____
  _____
  _____
  - ❑ If dust clearance testing was performed instead, attach a copy of the report.

I certify under the penalty of law that the above information is true and complete.

_____ _____
Name and title of Renovator Date

I certify that I have received a copy of this form.

_____ _____
Client Signature (required) Date

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Lead Safe Recordkeeping Form

- **The language regarding signatures at the bottom of the form was clarified.**

Lead Test Kit Documentation Form

LEAD TEST KIT DOCUMENTATION FORM

Client name:_____ Client ID#_____

RENOVATION INFORMATION

Fill out all of the following information that is available about the Renovation Site, Firm, and Certified Renovator.

Renovation Address: _____ Unit # _____

City: _____ State: _____ Zip code: _____

Certified Firm Name: _____

City: _____ State: _____ Zip code: _____

Contact #: _____ Email: _____

Certified Renovator Name: _____ Date Certified: _____

TEST KIT INFORMATION

Use the following blanks to identify the test kit or test kits used in testing components.

Test Kit #1

Manufacturer: _____ Manufacturer Date: _____

Model #: _____ Serial #: _____

Expiration Date: _____ Location: _____

Test Kit #2

Manufacturer: _____ Manufacturer Date: _____

Model #: _____ Serial #: _____

Expiration Date: _____ Location: _____

Test Kit #3

Manufacturer: _____ Manufacturer Date: _____

Model #: _____ Serial #: _____

Expiration Date: _____ Location: _____

Test Kit #4

Manufacturer: _____ Manufacturer Date: _____

Model #: _____ Serial #: _____

Expiration Date: _____ Location: _____

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Lead Test Kit Documentation Form

- **The formatting was changed to remove the boxes around each test sample.**
- **A place to record the location of each test was added.**
- **This form is only required if the service provider tests for lead rather than assuming that the house had lead present.**

Fuel Switch Request Form

FUEL SWITCH REQUEST FORM

Service Provider **HH#** **Date**

Current Fuel Type- Primary Current Fuel Type- Secondary

New fuel for heating plant: ☐ Gas ☐ Oil ☐ Electric ☐ Propane

Existing Heating Plant AFUE Existing Heating Plant Type (boiler/furnace)

BTU of Old Heating Plant DHWH WA Post Retrofit Manual J Heat Loss Load BTU/HR

DWH Fuel Type DWH size (gallons)

New fuel for DWH: ☐ Gas ☐ Oil ☐ Electric ☐ Propane

Reason for Fuel Switch:

Special Needs or Considerations:

Current Annual Fuel Cost minus Baseload use: **Is this a no-heat situation?**

Funding source for this measure:

Bids for Replacement of the heating plant and DWH (number of bids depends on SP's procurement policy):

Heating Plant	
Current Fuel Bid #1	BTU/HR
Current Fuel Bid #2	BTU/HR
Current Fuel Bid #3	BTU/HR
New Fuel Bid #1	BTU/HR
New Fuel Bid #2	BTU/HR
New Fuel Bid #3	BTU/HR

Domestic Water Heater	
Current Fuel Bid #1	Gallons
Current Fuel Bid #2	Gallons
Current Fuel Bid #3	Gallons
New Fuel Bid #1	Gallons
New Fuel Bid #2	Gallons
New Fuel Bid #3	Gallons

SIR in WA for a new heating plant:

Current Fuel New Fuel

Chimney Type:

Current Unit New Unit

Is the chimney usable to vent the appliances? If no, explain.

Additional Costs:

Approved ☐ **Denied** ☐ **More Information Needed** ☐ **Reviewed Date**

_____ _____

Commerce Weatherization Supervisors Signature Date

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Fuel Switch Request Form

- **This form was changed to gather additional information from service providers.**
- **The goal was to eliminate some of the back and forth between Commerce and Service Providers that occurs when a fuel switch is requested by asking more specific questions up front.**
- **A signature line was added for the Weatherization Program Supervisor at Commerce.**

Weatherization Complaint Form

WEATHERIZATION CLIENT COMPLAINT FORM

Client name: _____
Address: _____
_____
Phone: _____
Auditor: _____
Original Final Inspector:_____
Crew/Contractor _____

Client ID#_____
Complaint received by:_____
Correction completion date: _____
Correction inspection date: _____
Correction Final Inspector:_____
Correction Final Inspection: Pass or Fail (circle one)

Description of Concern/Complaint: _____
_____
_____
_____

I agree that this is an accurate description of the concern/complaint.

_____ _____
Client Signature (required) Date

_____ _____
Service Provider Representative Signature (required) Date

Resolution or Correction: _____
_____
_____
_____

Correction completed by: _____

The corrections as described above have been completed and are satisfactory.

_____ _____
Client Signature (if the client is available) Date

_____ _____
Service Provider Representative Signature (required) Date

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Weatherization Complaint Form

- **This form only had small formatting changes made to it.**
- **This form is designed for service providers to document when there is a client complaint.**
- **The goal is to have the complaint written down so everyone has an understanding of what the issue is and how the issue was resolved.**
- **The client may not agree with the resolution. If the client refuses to sign the form this must be thoroughly documented.**

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Weatherization Complaint Form

- **This form is a direct result of complaints that have been directed to Commerce and service providers not having enough documentation.**
- **This is the first step in beginning the appeals process at the service provider level.**
- **Remember that auditors must now educate the client on the appeals process at the time of the audit.**

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Blower Door and House Pressures Form

CLIENT NAME: **Client ID:**

BLOWER DOOR & HOUSE PRESSURES

AUDITOR: AUDIT DATE:

AUDITOR BLOWER DOOR TESTING

FIVE POINT TEST			AUDIT CFM@50PA	TARGET CFM@50PA
1:	CFM@	PA		
2:	CFM@	PA		
3:	CFM@	PA	RING	TEMPERATURE (°F) IN: OUT:
4:	CFM@	PA		
5:	CFM@	PA		

FIREPLACE PRESENT ☐
DAMPER PRESENT ☐

WOOD STOVE PRESENT ☐
DAMPER PRESENT ☐

BLOWER DOOR SET-UP INFORMATION:

WIND SPEED (MPH)

BASELINE | AIR HANDLER ON (PA)

|

WINDOW A.C. UNITS

CREW & INSPECTOR BLOWER DOOR TESTING

	CREW PRE WX	CREW POST WX	INSPECTOR
TEMPERATURE:	IN: OUT:	IN: OUT:	IN: OUT:
WIND SPEED:			
DATE:			
1:	CFM@ PA	CFM@ PA	CFM@ PA
2:	CFM@ PA	CFM@ PA	CFM@ PA
3:	CFM@ PA	CFM@ PA	CFM@ PA
4:	CFM@ PA	CFM@ PA	CFM@ PA
5:	CFM@ PA	CFM@ PA	CFM@ PA

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Blower Door and House Pressures Form

Room-to-Room Pressures (PA)					
DATE:					
LOCATION	PRE WX	ADJUST		POST WX	INSP
Bedroom 1		Y	N		
Bedroom 2		Y	N		
Bedroom 3		Y	N		
Bedroom 4		Y	N		
Bedroom 5		Y	N		
Bath		Y	N		
Bath		Y	N		
Basement		Y	N		
		Y	N		
		Y	N		
		Y	N		
		Y	N		

Pressure Pan Testing (PA)				
DATE:				
LOCATION	AUDIT	PRE	POST	INSP.

Exhaust Fan Testing (CFM)				
Main Bath				
Bath 2				
Bath 3				
Kitchen				
Whole House				

Zonal Pressures (Pa)				
DATE:				
LOCATION	AUDIT	PRE	POST	INSP.

Garage to House Series Leakage (Square inches)				
DATE:				
LOCATION	AUDIT	PRE	POST	INSP.

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Blower Door and House Pressures Form

- **This form is a required form.**
- **Service providers are required to enter all testing data in this form as well in the WA software.**
- **All of the information must be on one form rather than different information on several different copies of the same form.**
- **It is up to service providers to individually decide how to collect this information from contractors.**

Blower Door and House Pressures Form

- **Asks for house to garage leakage in square inches**
- **Removed the building tightness limit data entry point.**
- **Includes more data entry points than the previous form that can be entered on the computer rather than written in by hand.**
- **The form has common locations for exhaust fans already entered.**

Mechanical Testing Form

CLIENT NAME: **CLIENT ID:**

MECHANICAL TESTING

(Testing procedures described on back. Please write legibly)

WORST CASE DRAFT (PA OR INCHES OF WATER COLUMN)							
SYSTEM	AUDITOR	CREW DAY1	CREW DAY2	CREW DAY3	CREW DAY4	MECHANICAL CONTRACTOR	INSPECTOR
DATE:							
HEATING 1:							
HEATING 2:							
WATER HTR 1:							
WATER HTR 2:							
SPACE HEATER:							

MECHANICAL TESTING						
	DWH			HEATING PLANT		
	AUDIT	MECHANICAL	FINAL	AUDIT	MECHANICAL	FINAL
DATE:						
TEMP (Stack)						
OXYGEN						
CO2						
SSE						
CO						
SPILLAGE						
SMOKE #						

MECHANICAL TESTING FOR MULTI CHAMBER HEATING PLANTS															
	AUDIT					MECHANICAL					FINAL				
	1	2	3	4	AVG	1	2	3	4	AVG	1	2	3	4	AVG
DATE:															
TEMP (Stack)															
OXYGEN															
CO2															
SSE															
CO															
SPILLAGE															
SMOKE #															

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Mechanical Testing Form

AUDIT	MECHANICAL	FINAL INSPECTION
Heat Rise	**Heat Rise**	**Heat Rise**
DATE: RATED HEAT RISE: RETURN TEMP: SUPPLY TEMP: HEAT RISE:	DATE: RATED HEAT RISE: RETURN TEMP: SUPPLY TEMP: HEAT RISE:	DATE: RATED HEAT RISE: RETURN TEMP: SUPPLY TEMP: HEAT RISE:
Meter Clocking	**Meter Clocking**	**Meter Clocking**
RATED INPUT: CLOCKED INPUT:	RATED INPUT: CLOCKED INPUT:	RATED INPUT: CLOCKED INPUT:
Gas Oven/Range Testing	**Gas Oven/Range Testing**	**Gas Oven/Range Testing**
Oven CO:	Oven CO:	Oven CO:
		(Note: Inspectors will need to test ovens/ranges only if they have been serviced by our contractor)

MECHANICAL		Ambient CO Test Audit and Final
Duct Static Pressure	**Gas Pressure Test**	
DATE: SUPPLY: RETURN: MANUFACTURER'S SPEC:	DATE: PRESSURE: MANUFACTURER'S SPECS:	DATE: CARBON MONOXIDE MEASUREMENTS: AUDIT FINAL ROOM WITH HEATING SYSTEM (PPM) ROOM WITH WATER HEATER (PPM) LIVING AREA (PPM) KITCHEN (PPM) COMMENT:

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Mechanical Testing Form

- **This form is a required form.**
- **All of the information must be on one form rather than different information on several different copies of the same form.**
- **It is up to service providers to individually decide how to collect this information from contractors.**
- **Service Providers may enter the information by computer or by writing the information in the form. Printouts from testing equipment are not allowed as a substitute.**

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Mechanical Testing Form

- **Service providers are required to enter all testing data in this form as well in the WA software.**
  - **Service providers are not required to enter the following data in WA.**
    - Mechanical Contractors Combustion Analysis on the Heating Plant and DWH
    - Mechanical Contractors Oven/Range Testing
    - Mechanical Contractors Gas Pressure Test
    - Mechanical Contractors Duct Static Pressure Test
    - Mechanical Contractors Heat Rise Test
    - Mechanical Contractors Meter Clocking results
    - On a multi chambered furnace all of the chambers must be tested but only enter the average of all of the chambers in WA.
    - Ambient CO test at the final inspection
    - Final Inspectors Oven/Range Test

Clean and Tune/Replacement Forms

- **These forms have been removed from the list of forms made available to service providers and from the Household File Requirements Policy.**
- **The Clean and Tune/Replacement instructions can now be found in the Appendix of the WAP Policy Manual.**
- **These instructions can be included with work orders or included as part of the contract that service providers have with their mechanical contractors.**

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Clean and Tune/Replacement Forms

- **The Clean and Tune/Replacement instructions outline what is expected when a heating plant is replaced or a clean and tune is performed. It is up to the service provider to determine the best way to ensure that these steps are followed.**

Questions?

Your Name Here

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