Weatherization Requirements Checklist



Homeowner Name: Street	Address:
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Confirm that all the following requirements were met.

Hea	Health and Safety			
Yes	N/A	N/A # Requirement		
		1	Carbon monoxide detector observed in living space if a combustion appliance exists within the home or if there is an attached garage	
		All open combustion appliance flues tested for spillage during worst-case house depressurization (all exhaust fans and furnace turn on, flue dampers and doors to rooms with no exhaust fans and/or supply registers closed) and, if observed, flue gas spillage stopped within 60 seconds of turning appliance on		
		3	Advised homeowner to investigate any potentially asbestos-containing materials observed	
	Knob and tube wiring either not observed in space insulated, removed, or found to be inactive (not applicable for air sealing-only upgrades)		Knob and tube wiring either not observed in space insulated, removed, or found to be inactive (not applicable for air sealing-only upgrades)	
	5 There are no dryer, bath, or kitchen vents ducted to basement or attic		There are no dryer, bath, or kitchen vents ducted to basement or attic	
	6 If exposed ground or water is observed outside of basement sump pump pit, then homeowner notified of risks before upgrad started		If exposed ground or water is observed outside of basement sump pump pit, then homeowner notified of risks before upgrade started	
	7 Mechanical ventilation recommended		Mechanical ventilation recommended	
	8 Pre-/post-upgrade blower door tests conducted*		Pre-/post-upgrade blower door tests conducted*	
		9	Customer notified of foam off-gassing occupancy restrictions	
	10 Code-approved fire protection added to foam insulation		Code-approved fire protection added to foam insulation	
	Flammable materials installed as part of upgrade separated from chimneys, flue pipes, and non-IC-rated recessed lights by not mable materials		Flammable materials installed as part of upgrade separated from chimneys, flue pipes, and non-IC-rated recessed lights by non-flammable materials	
		12	All water pipes where work performed are located inside the thermal boundary	
	13 Radon test recommended		Radon test recommended	

^{*} Required unless BPI recommends against (mold, asbestos, vermiculite, etc.)

Air	Air Sealing with Energy Assessment		
Yes	N/A	#	Requirement
		1	Minimum six hours of air sealing completed, independent of any other upgrades in work scope
		2	Homeowner supplied with Home Energy Assessment Checklist

Atti	Attic Insulation			
Yes	N/A	#	Requirement	
		1	Attic penetrations (chimney, wire, pipe, duct, vents, drywall gaps) sealed	
		2	 Attic insulated using one or more of following applications: Open attic insulated to at least R-49 with blown-in insulation Enclosed cavities filled to capacity with dense-pack insulation Minimum 5" closed-cell spray foam used to insulate all surfaces Closed-cell spray foam applied to within 1.5" of full depth of cavities that were subsequently enclosed 	
		3	Baffles used to prevent wind-washing along eaves	
		4	Attic access insulated with rigid foam insulation	

Wall Insulation				
Yes	N/A	#	Requirement	
		1	 Walls insulated using one or more of following applications: Cavities filled: to capacity with either dense-pack insulation or open-cell spray foam with at least 2" of closed-cell spray foam with at least 2" rigid foam insulation (sealed along perimeter and at seams) Walls covered by minimum 2" rigid foam insulation (applied over the studs, and sealed along perimeter and at seams) 	

Base	Basement Insulation*				
Yes	N/A	#	Requirement		
		1	Accessible penetrations (chimney, wire, pipe, duct, vents, flooring gaps) sealed		
		2	Basement insulated using one or more of following applications: Foundation walls insulated from 2 feet below grade to underside of first floor (including sill and band joist) with minimum 2" rigid or closed-cell spray foam Floor cavities insulated with either dense-pack insulation or open- or closed-cell spray foam		

^{*} Applies to basements, crawlspaces or other unconditioned space directly below a conditioned living area

	Residential Registered Vendor Signature Please certify that all information on this claim form is correct by signing below.					
Residential Registered Vendor:						
Employee Name (please print):						
Signature:		Date:				