

**MONTHLY WEATHERIZATION PRODUCTION PROGRESS REPORT FOR \_\_\_\_\_**

Agency Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contract #: \_\_\_\_\_

Total number of BWRs submitted with this report: \_\_\_\_\_

County	Job Numbers

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**Weatherized Units Finished**  
 Single Family Site Built (Own) \_\_\_\_\_  
 Single Family Site Built (Rent) \_\_\_\_\_  
 Multi-Family \_\_\_\_\_  
 Mobile Home (Own) \_\_\_\_\_  
 Shelter \_\_\_\_\_  
 Total \_\_\_\_\_

**Total People Assisted in Households**  
 Elderly\* \_\_\_\_\_  
 Persons with disabilities\* \_\_\_\_\_  
 Native American\* \_\_\_\_\_  
 Children\* \_\_\_\_\_  
 Other \_\_\_\_\_  
 (#1 on BWR's, # of Total Occupants) Total \_\_\_\_\_

**Units By Occupancy**  
 Elderly-Occupied\* \_\_\_\_\_  
 Disabled-Occupied\* \_\_\_\_\_  
 Native American-Occupied\* \_\_\_\_\_  
 Children-Occupied\* \_\_\_\_\_  
 High Residential Energy User\* \_\_\_\_\_  
 Household with High Energy Burden \_\_\_\_\_

**Other Unit Types (not included in total units)**  
 Reweatherized \_\_\_\_\_  
 Low Cost/No Cost \_\_\_\_\_  
 Total Number of Dwellings In Progress (Identify on Back) \_\_\_\_\_  
 Total Number of Request for Assistance on File \_\_\_\_\_

**Units By Primary Heating Fuel**  
 Natural Gas \_\_\_\_\_  
 Fuel Oil \_\_\_\_\_  
 Electricity \_\_\_\_\_  
 Propane/LPG \_\_\_\_\_  
 Kerosene \_\_\_\_\_  
 Wood \_\_\_\_\_  
 Other Fuel \_\_\_\_\_  
 Total \_\_\_\_\_

**Leveraged Units**  
 (Units completed with other funds not in DOE budget) \_\_\_\_\_

(\* Asterisk allows overlap)

**Certification**

My signature certifies that the information provided herein is true and accurate to the best of my knowledge.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

# Work In-Progress Report

This Report is Due to ADECA-Energy by the 10<sup>th</sup> Calendar Day of Each Month

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Client Name	Job Number	Date Assessed	Date Started	Comments
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				

## Instructions

Please complete this report for all dwellings shown as being in progress on the Weatherization Production Progress Report. Do not include dwellings which have already been reported as complete.

Name	From Client file
Job Number	From Client file
Date Assessed	Date Initial Assessment performed on dwelling
Date Started	Date Construction Work started on dwelling

# Building Weatherization Report (BWR)

County \_\_\_\_\_ Job# \_\_\_\_\_ Number of Priority Points \_\_\_\_\_ Assessor \_\_\_\_\_ Contractor \_\_\_\_\_  
 Date Assessed \_\_\_\_\_ Date WX Work Started \_\_\_\_\_ Date WX Work Completed \_\_\_\_\_ Final Inspection Date \_\_\_\_\_

### 1. Client Information

Applicant Name \_\_\_\_\_ Physical Address \_\_\_\_\_  
 Own  Rent City & Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_  
 No. of Total Occupants \_\_\_\_\_: No. Children \_\_\_\_\_ No. Elderly \_\_\_\_\_ No. Disabled \_\_\_\_\_ No. Native Americans \_\_\_\_\_ No. Other \_\_\_\_\_

### 2. Building Information

*Household Type:*  Site Built  Mobile Home  Multi Family  Comfort Zone Weatherization  
*Structure Info:*  One-Story  Two-Story  Wood  Brick  8" Masonry  Vinyl Siding  Asbestos Siding  Other \_\_\_\_\_  
 Floor Area \_\_\_\_\_ Sq Ft No. of Windows on House \_\_\_\_\_ No. of Storm Windows Pre-WX \_\_\_\_\_ No. of Exterior Doors \_\_\_\_\_ No. of Window A/C Units \_\_\_\_\_

### 3. Primary Heat Source

Electricity  Propane  Natural Gas  Kerosene  Wood  Fuel Oil  Other: \_\_\_\_\_  
*Method of Heat*  Space Heater(s) # \_\_\_\_\_  Radiant Heat  HVAC (Tune-up & Filters Ordered?)  Wall/Floor Furnace  Other: \_\_\_\_\_

### 4. House Condition before Weatherization \*Upon Assessment\*

**GOOD** (tight) **FAIR** (cracks, loose fit) **POOR** (holes, cracks, leaks)

HOUSE COMPONENT	GOOD	FAIR	POOR
CELLAR / CRAWL SPACE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDOWS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOORS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXTERIOR WALLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROOF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Whole Home Inspected for Insulation?  Yes  No

INSULATION	Existing Inches	Existing R-Value	Inches Added	Updated R-Value
ATTIC				
SIDEWALL				
FLOOR				
DUCTS				

My signature certifies that all information reported on this form is accurate.

WX Coord. \_\_\_\_\_ Date \_\_\_\_\_

### 5. Measure Costs *If not listed below, itemize on Worksheet*

	Material	Labor
<u>Insulation</u>		
<input type="checkbox"/> Attic		
<input type="checkbox"/> Sidewall		
<input type="checkbox"/> Floor/Belly		
<u>Smart Thermostat</u>		
<u>Compact Fluorescent Lamps (CFLs)</u>		
<u>Repairing, Sealing and/or Insulating Ducts</u>		
<u>Floor Insulation</u>		
<u>Vapor Barrier</u>		
<u>Refrigerator: (Includes Delivery, Install &amp; Removal)</u>		
<u>Measures Related to Incidental Repairs</u>		
<u>*Other General Energy Saving Measures (On Back)</u>		
<u>Caulking</u>		
Tubes Used # _____		
<u>Windows</u>		
Glass Replacement # _____		
Storm Windows # _____		
Glazing # _____		
Replacements # _____		
Repairs # _____		
Replacements # _____		
Weatherstripping # _____		
Thresholds # _____		
<u>Exterior Doors</u>		

### 6. Cost Summary

Materials \_\_\_\_\_  
 Labor \_\_\_\_\_  
 Agency \_\_\_\_\_  
**TOTAL** \_\_\_\_\_

### 7. H&S Cost Summary

Materials \_\_\_\_\_  
 Labor \_\_\_\_\_  
**TOTAL** \_\_\_\_\_  
 (Itemize on Worksheet)

### 8. Blower Door #'s

Pre \_\_\_\_\_  
 Target \_\_\_\_\_  
 Post \_\_\_\_\_

### 9. Funding Source Totals

DOE \_\_\_\_\_  
 LIWAP \_\_\_\_\_

