**Alabama Department of Economic and Community Affairs**

**Weatherization Assistance Program (WAP) and**

**Low-Income Weatherization Assistance Program (LIWAP)**

**Monitoring Plan**

*Revised 08/20/2020*

A desk and/or on-site programmatic and on-site technical review for each local administering agency is conducted a minimum of once per program year. Programmatic and Technical reviews may take place at different times. The following summarizes the actions to be taken during each review:

**Programmatic Review**

1. The WAP Coordinator will be contacted to determine a date for the review.
2. An entrance conference or teleconference will be conducted with the Executive Director and/or WAP Coordinator to discuss the monitoring procedure.
3. The WAP coordinator will be notified what information will be need for review. That information will be scanned and uploaded into FACSPro.
4. The Agency will complete the Self-Assessment Tool; it will be discussed during the review (attached).
5. The monitor will review:
6. Selected Client Files for completeness and accuracy. A random sample of program year client files are assessed to verify required documentation. Client files are reviewed using the Client File Checklist (attached).
7. Contractor Files to ensure all items/licenses/certifications, etc. are present and up to date. Contractor files are reviewed using the Contractor Checklist (attached).
8. Contractor solicitation and bid documentation for compliance.
9. Vendor payments to ensure payment within 30 days of the receipt of invoice.
10. Other agency information including but not limited to, Mileage Logs, Inventory Lists, Timesheets, Energy Audit Library Worksheets, Agency Liability Insurance, etc.
11. General agency procedures using the WAP Monitoring Review Tool (attached).
12. An exit conference or teleconference will be conducted with the Executive Director and/or WAP Coordinator to discuss the review and any findings.
13. Within 30 days of the programmatic review, the State Office will send a letter to the agency to summarize any observations and/or findings and, if applicable, request corrective action. Any required corrective action is due to the State within 30 days.

**Technical Review**

During the technical review the monitor will:

1. The WAP Coordinator will be contacted to determine a date for the review.
2. An entrance conference or teleconference will be conducted with the Executive Director and/or WAP Coordinator to discuss the monitoring procedure.
3. The monitor will select and notify the WAP Coordinator which homes he/she would like to inspect.
4. The WAP Coordinator will schedule a date/time for each inspection with the homeowner.
5. The WAP Coordinator and the monitor will travel to each selected home. Homes will be inspected using the Weatherization Inspection Form (attached).
6. The monitor will conduct on-site inspections of at least 10 percent of completed weatherization units.
7. An exit conference or teleconference will be conducted with the Executive Director and/or WAP Coordinator to discuss the review and any findings.
8. Within 30 days of the technical review, the State Office will send a letter to the agency to summarize any observations and/or findings and, if applicable, request corrective action. Any required corrective action is due to the State within 30 days.

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

|  |  |  |  |
| --- | --- | --- | --- |
| **GENERAL** | **YES** | **NO** | **N/A** |
| 1. Does the agency  have a financial procedures manual?   If Yes, Complete Attachment A  **Record to Review:**  Financial Procedures Manual –  Complete Attachment  A |  |  |  |
| 1. Do the ledger control accounts agree with agency reports?   If no, why not. |  |  |  |
| 1. Have accounting principles been applied on a consistent basis?   If no, list the infractions:        **Records to Review:**  General Ledger  Agency Reports  Cost Allocation Plan, Accounts Payables, and General Journal |  |  |  |
| **CASH** | **YES** | **NO** | **N/A** |
| 1. Have bank balances been reconciled with book balances?   If no, when was the last bank reconciliation conducted.      **Records to Review:**  Bank Statements  Bank Reconciliation |  |  |  |
| 1. Has a proper cutoff of cash transactions been made?   If no, list the unallowable expenses:      **Records to Review:**  Accounts Payable |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **CASH** | **YES** | **NO** | **NA** |
| 1. Does the agency minimize the cash on hand?   If no, how much excess cash on hand does the agency have?  **Records to Review:**  Bank Statements  Bank Reconciliation |  |  |  |
| **RECEIVABLES** | **YES** | **NO** | **NA** |
| 1. Have the receivables from funding sources been properly recorded?   If no, what is the variance?          **Records to Review:**  General Ledger  General Journal |  |  |  |
| 1. Are there any receivables that have not been recorded?   If yes, does the agency maintain some type of record of receivables?        **Records to Review:**  Reports to the State  General Ledger and General Journal |  |  |  |
| 1. Are interfund receivables recorded?   Detail specific interfund transfers:      **Records to Review:**  General Ledger |  |  |  |
| 1. Are there any receivables from employees or other parties?   If yes, what is the agency policy?        **Records to Review:**  General Ledger  Financial Procedures Manual |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **PROCUREMENT** | **YES** | **NO** | **NA** |
| 1. Does the agency have written procurement procedures?   If no, when will they have one?        **Records to Review:**  Procurement Procedures Manual  Financial Procedures Manual |  |  |  |
| Does the agency’s procurement procedure include the following components? |  |  |  |
| Development of the bid/proposal package |  |  |  |
| Solicitation of bids/proposals |  |  |  |
| Bid/proposal acceptance and analysis |  |  |  |
| Selection of vendor/subcontractor |  |  |  |
| Protest procedures |  |  |  |
| Records management |  |  |  |
| Subcontractor management |  |  |  |
| Subcontractor closeout |  |  |  |
| If applicable, list areas of the procurement procedure to strengthen: | | | |
| 1. Does the agency follow the procurement procedure?   If no, provide specific details:        **Records to Review:**  Solicitation Records  Subcontractor Records |  |  |  |
| **INVENTORIES** | **YES** | **NO** | **NA** |
| 1. Have inventories been physically counted?   If no, why not:    **Records to Review:**  Inventory Records |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **INVENTORIES** | **YES** | **NO** | **NA** |
| 1. Have general ledger control accounts been adjusted to agree   with physical inventories?  If no, when will they be adjusted?            **Records to Review:**  Inventory Records  General Ledger |  |  |  |
| 1. What is the percentage of inventory variance and what is the procedure for   resolving variances?      **Records to Review:**  Inventory Records | | | |
| **PROPERTY AND EQUIPMENT** | **YES** | **NO** | **NA** |
| 1. Are records maintained in accordance with government regulations?   If no, what can your agency do to strengthen your system?        **Records to Review:**  Property and Equipment Records |  |  |  |
| 1. Was a physical inventory taken of all property and equipment?   If no, what can your agency do to strengthen your system?      **Records to Review:**  Property and Equipment Records |  |  |  |
| 1. Are property and equipment recorded in the general ledger?   If no, explain.        **Records to Review:**  General Ledger |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **PAYABLES** | **YES** | **NO** | **NA** |
| 1. Have all payables been reflected?   If no, when will they be adjusted?    **Records to Review:**  General Ledger |  |  |  |
| 1. Have all significant accruals, such as payroll taxes, annual leave   and provisions for pension been reflected?  If no, what is the agency’s policy?          **Records to Review:**  General Ledger |  |  |  |
| **EXPENSES** | **YES** | **NO** | **NA** |
| 1. Are purchases and expenses recognized in the appropriate   period?  If no, explain.          **Records to Review:**  Source Documentation  Accounts Payable/Cash Disbursement Journal |  |  |  |
| 1. Are purchases and expenses classified properly?   If no, list improperly classified expenditures.          **Records to Review:**  General Ledger  Source Documentation |  |  |  |
| 1. Are all expenditures supported by source documentation?   If no, list: |  |  |  |
| 1. Do the financial statements accurately reflect the purchases and   expenses?  If no, how can the agency strengthen the system?      **Records to Review:**  Financial Statement |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **INTERNAL CONTROL** | **YES** | **NO** | **NA** |
| 1. Is there segregation between the individuals who receive the   funds, records the funds, and authorize the expenditure of funds?  If no, what can be done by the agency to strengthen your system?      **Records to Review:**  Financial Procedures Manual  Individual Expenditures |  |  |  |
| 1. Is there segregation between the individuals who authorize the   expenditure, prepare the check, and sign the checks?  If no, what can the agency do to strengthen your system?        **Records to Review:**  Financial Procedures Manual  Individual Expenditures |  |  |  |
| 1. Is there segregation between the individuals who prepare the   checks and mail the checks?  If no, what can the agency do to strengthen the system?          **Records to Review:**  Financial Procedures Manual  Individual Expenditures |  |  |  |
| 1. Is there a review of expenditures to ensure that the costs   are allowable and allocable to the proper funding source?  If no, what can the agency do to strengthen the system?        **Records to Review:**  Financial Procedures Manual |  |  |  |
| 1. Are there adequate controls to ensure the security of blank checks,   signature plates and inventory?  If no, what can the agency do to  strengthen the system? |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **INTERNAL CONTROL** | **YES** | **NO** | **NA** |
| 1. Is there a control to ensure that all goods and services have been   received prior to payment?  If no, what can the agency do to strengthen the system?          **Records to Review:**  Source Documentation  Receiving Reports |  |  |  |
| **AUDIT** | **YES** | **NO** | **NA** |
| 1. Is the agency subject to the Single Audit Act? |  |  |  |
| 1. Were there any management findings?   If yes, please list.  How does each of the findings impact the weatherization program? |  |  |  |
| 1. Were there questioned or disallowed costs for the weatherization   program?  If yes, list each questioned and/or disallowed cost.            **Records to Review:**  Agency Audit |  |  |  |

Please certify the above information is true and correct by signing the appropriate line below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Executive Director Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Finance Director Date

ATTACHMENT A

FINANCIAL POLICIES AND PROCEDURES SELF ASSESSMENT TOOL

Is there a policy and/or procedure that address each of the following?

|  |  |  |  |
| --- | --- | --- | --- |
| **GENERAL** | **YES** | **NO** | **COMMENTS** |
| Responsibility for authorization of financial policies and procedures. |  |  |  |
| Responsibility for financial management. |  |  |  |
| Separate financial duties and responsibilities so that no one employee has sole control over cash receipts; disbursements; payroll; or reconciliation of bank accounts. |  |  |  |
| Employee dishonesty coverage. |  |  |  |
| Review of Financial Policies and Procedures. |  |  |  |
| **CASH** |  |  |  |
| Opening of mail. |  |  |  |
| Endorsement of checks. |  |  |  |
| Report of cash receipts and documentation of receipts. |  |  |  |
| **CASH DISBURSEMENTS** |  |  |  |
| Authorization of expenditures. |  |  |  |
| Review of invoices. |  |  |  |
| Approval of invoices for payment. |  |  |  |
| Maintenance of checks. |  |  |  |
| Maintenance of voided checks. |  |  |  |
| Preparation of checks. |  |  |  |
| Signing of checks. |  |  |  |



|  |  |  |  |
| --- | --- | --- | --- |
| **BANK RECONCILIATION** | **YES** | **NO** | **COMMENTS** |
| Individual designated to receive and open bank statements. |  |  |  |
| Individual designated to reconcile the bank  statement. |  |  |  |
| Individual designated to review the bank  reconciliations. |  |  |  |
| Policy on appropriate action for checks  outstanding over 90 days. |  |  |  |
| **PURCHASING** |  |  |  |
| Procedures for small purchases. |  |  |  |
| Procedures for large purchases. |  |  |  |
| Prior approval of purchases. |  |  |  |
| **PAYROLL** |  |  |  |
| Requirement that all hourly staff complete a timesheet. |  |  |  |
| Individual(s) designated to approve time sheets. |  |  |  |
| Individual designated to review paychecks or direct deposits prior to distribution. |  |  |  |
| Individual designated to distribute paychecks. |  |  |  |
| Policy for payment of individuals that have resigned or been terminated. |  |  |  |
| Individual designated to prepare and   transmit the payroll tax reports. |  |  |  |
| Individual designated to review tax deposits. |  |  |  |

 **PROGRAM**

|  |  |  |  |
| --- | --- | --- | --- |
| **TRAVEL** | **YES** | **NO** | **COMMENTS** |
| Requirement for prior authorization of all travel. |  |  |  |
| Requirement for completion of travel expense claim for all travel. |  |  |  |
| Requirement for submission of travel expense claim a specific number of days after travel is complete. |  |  |  |
| **EQUIPMENT** |  |  |  |
| Dollar threshold for classification of equipment. |  |  |  |
| Equipment records that meet government regulations. |  |  |  |
| Personal property control form for equipment issued to staff. |  |  |  |
| Depreciation schedule. |  |  |  |
| Individual designated to perform an annual physical reconciliation of all equipment. |  |  |  |
| **BOOKS OF ORIGINAL ENTRY** |  |  |  |
| Requirement that a double entry system for account for all funds be maintained. |  |  |  |
| Documentation requirements for all financial activities. |  |  |  |
| Mandatory monthly reports that include a Balance Sheet, Statement of Activities, and Statement of Activities by project and/or funding source. |  |  |  |
| **BUDGETS** |  |  |  |
| Individual(s) designated to prepare the budgets. |  |  |  |
| Individual or Board Members authorized to approve budgets. |  |  |  |
| Procedures for changes in the budget. |  |  |  |

DATE OF MONITORING VISIT

**Agency's Legal Name: Agency's Address: Telephone Number:**

**Executive Director: WX Coordinator: ADECA Monitor(s)**

**ENTRANCE CONFERENCE**

**Date**

**Time**

**Persons Present**

**EXIT CONFERENCE**

**Date**

**Time**

**Persons Present**

**SUMMARY OF MONITORING VIST:**

**QUESTION**

Type of Organization (check only one):

|  |  |
| --- | --- |
|  | CAA, non-profit corporation |
|  | Local Government Agency |
|  | Other |

Are there WAP facilities other than the main office?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

List counties the Agency serves for WAP

**COMMENT**

How often does the Executive Director receive periodic

reports on the status of the WAP?

What reporting system is used to provide the WX Coordinator with periodic program status?

The Subgrantee’s grant with the grantee includes:

|  |  |
| --- | --- |
|  | Funds from all sources in one grant |
|  | Separate concurrent grants for each source |
|  | Separate consecutive grants for each source |
|  | Other |

How many years has the agency run the WAP?

How man outreach/intake workers are currently employed by the agency?

|  |  |
| --- | --- |
|  | Total for Agency |
|  | Assigned specifically to WAP |

Does the agency serve clients throughout its entire geographic service area?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

Does the agency serve clients outside its geographic service area?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**QUESTION**

How many clients are on the agency's waiting list?

What is the average waiting period between intake and Service?

Who certifies income eligibility of applicants?

**COMMENT**

|  |  |
| --- | --- |
|  | Outreach worker |
|  | Supervisor of outreach staff |
|  | Fiscal office |
|  | Weatherization Coordinator |
|  | Other (Specify) |

Source of income documentation (check all that apply):

Copies of Income Checks Letter/Verification (income source) Income Tax Return

Other (Specify):

Other (Specify):

Was income verified according to the Weatherization Operations Manual guidelines?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

Do intake staff have the most current income guidelines?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

Are ineligible applicants notified promptly with an explanation of why they are ineligible?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

How many clients were deemed ineligible during the program year being monitored?

What is the agency's appeal process for clients who are refused service?

What is the agency's policy on client privacy?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **QUESTION** | | | | **COMMENT** |
| Reasons a client may be deemed ineligible (check all that  apply)?  Income is too high  Condition of home beyond scope of Wx Received Wx Previously  Illegal Activity Sewage  Pest infestation beyond scope of H&S Belligerent/Difficult Client | | | |  |
| What procedures does the agency use to ensure target groups receive priority? | | | |  |
| What categories of applicants are given priority (check all that apply)? | | | |  |
|  |  | Disabled  Senior Citizens Household Size  Infants or young children Emergencies  Fuel Assistance Recipients Type/cost of fuel  Time on waiting list  Other (specify): | |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  | | |  |
| Are assessments and final inspections done by agency staff or are they contracted out? | | | |  |
| Who performs assessments? | | | |  |
| Who performs final inspections? | | | |  |
| Are final inspections conducted by a certified Quality Control Inspector?  Yes No | | | |  |
| What weatherization training have assessors and inspectors received? | | | |  |

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
|  |  |
|  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **QUESTION** | | | | | | **COMMENT** |
| How is weatherization work completed?  Agency Staff/Crew Contractor | | | | | |  |
| If staff/crews are utilized what is the average number on each crew? | | | | | |  |
| How is weatherization work scheduled? | | | | | |  |
| What factors are used determined scheduling (check all that apply)? | | | | | |  |
|  |  | Travel Distance and Cost  Type of job (mobile homes, multi-family, etc.) Type of work (specialized measures) Availability of agency staff/crew  Work is contracted, not applicable  Other (specify): | | | |
|  |
|  |
|  |
|  |
|  |
|  | | |  | | |
| Have all homes reported as complete received a final inspection by a Certified Quality Control Inspector?  Yes No | | | | | |  |
| If the final inspection finds that reworks are required what is the process to ensure reworks are completed? | | | | | |  |
| Hands-on work is done by: Crews Contract Both | | | | | |  |
| General heat waste  Attic Insulation Sidewall insulation Floor Insulation Windows/Doors Repairs  Health & Safety Measures | | |  | X |  |
|  | X |  |
|  | X |  |
|  | X |  |
|  | X |  |
|  | X |  |
|  | X |  |
|  | | | | | |
| Number of Contractors used for WAP? List Contractors: | | | | | |  |
|  | | | | | |
|  | | | | | |
|  | | | | | |

|  |  |
| --- | --- |
|  |  |
|  |  |

|  |  |
| --- | --- |
|  |  |
|  |  |

**QUESTION**

How are weatherization materials procured?

|  |  |
| --- | --- |
|  | Agency Staff/Crew |
|  | Contractor |

Does the subgrantee require its contractors to supply materials that meet or exceed standards in Appendix A?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

What methods are used to store weatherization materials (check all that apply)?

No storage, contractor supplies all materials One agency warehouse

More than one agency warehouse Other (specify):

If the agency uses a warehouse is the space adequate, reasonably accessible, and reasonably clean/organized?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

Does the agency have inventory control system which makes it possible to track materials used on individual home back to point of purchase?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

What type of daily records are maintained to account for materials in and out of the warehouse?

How often are the results of the physical warehouse inventory compared to inventory records?

Does the agency maintain an inventory list for supplies and/or tools (blower door, monoxers, IR cameras, computers, etc.) used in WAP?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

Review inventory list of supplies/tools. Note any discrepancies between the list and actual inventory.

**COMMENT**

**QUESTION**

Who maintains and verifies inventory records?

What is the process and who approves purchase order requests?

Have any vehicles been purchased or rented using WAP funds during the program year being monitored?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

**COMMENT**

Was authorization obtained for all

Is a mileage log maintained?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

Are invoices submitted on time on a monthly basis?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

Has the bid process been followed?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

Do reported figures reconcile to the general ledger/accounting work papers?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

Do procedures allow for cash advances to subgrantees?

|  |  |
| --- | --- |
|  | Yes |
|  | No |

Amount of Cash on-hand:

If there is excess cash on-hand, is there an acceptable explanation?

|  |  |  |  |
| --- | --- | --- | --- |
| **QUESTION** | | **COMMENT** | |
| Are WAP funds held in an interest-bearing account?  Yes No | |  | |
| Have any WAP funds been used to purchase or improve real property?  Yes No | |  | |
| Are all expenditures allowable?  Yes No | |  | |
| Does the agency utilize funds from sources other than DOE and LIWAP to weatherize homes? If so identify in comments.  Yes No | |  | |
| Are other sources used separately or in conjunction with DOE and LIWAP? | |  | |
| List agency staff paid with WAP funds: | | | |
| Name | Position | | % Time |
|  |  | |  |
|  |  | |  |
|  |  | |  |
|  |  | |  |

|  |  |
| --- | --- |
|  |  |
|  |  |

|  |  |
| --- | --- |
|  |  |
|  |  |

|  |  |
| --- | --- |
|  |  |
|  |  |

|  |  |
| --- | --- |
|  |  |
|  |  |

**Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Yes No

Client File Checklist Site Mobile **Date Completed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Client Information** |

Weatherization Application

Proof of Ownership

Identification (Picture ID & SS Cards) \_\_\_\_\_\_\_\_\_\_\_\_\_DOB

Income Verification

Priority Points Worksheet \_\_\_\_\_\_\_\_\_\_\_\_PP

Directions to Home

|  |
| --- |
| **Client Education** |

Client Education Agreement

Renovate Right Pre-Renovation Form

Mold Inspection and Release Form

Health and Allergy Concerns Form

Health and Safety Checklist

|  |
| --- |
| **Client Consent** |

Homeowner Consent Form

Rental Release Form (if applicable)

Repayment Guidelines

Utility Consumption Survey Approval Form

Client Complaint and Resolution (if applicable)

Weatherization Deferral Form (if applicable)

Radon Informed Consent Form

|  |
| --- |
| **Home Information** |

Before and After Pictures Blower Door: Pre\_\_\_\_\_\_\_ Post\_\_\_\_\_\_\_

Priority Measures List and/or Energy Audit

Historic Preservation Eligibility Review

Assessment Booklet

Combustion Appliance Pre and Post Readings

Lead Safe Weatherization Exemption or Documentation

ASHRAE 62.2 Calculations Pre and Post

|  |
| --- |
| **Contractor Information** |

Job Order

Bid Sheet $\_\_\_\_\_\_\_\_\_\_\_\_ Contractor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorization to Proceed $\_\_\_\_\_\_\_\_\_\_\_\_\_

Change Order (if applicable) $\_\_\_\_\_\_\_\_\_\_\_\_\_

Invoice $\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Final Inspection** |

QCI Final Inspection Form

Building Weatherization Report

Client Sign-Off Form



JOB NUMBER SITE MBL Rural / Urban DOE /LIWAP

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **INSP** | **MONTH** | **DAY** | **YEAR** | **INITIALS** | **Client Name:** |
| **1st** |  |  |  |  | **Physical** **Address:** |
| **2nd** |  |  |  |  | **Phone:** |
| **3rd** |  |  |  |  | **Contractor:** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **AIR SEALING:** | **BILLED** | **PASS / FAIL** | | **COMMENTS and LOCATION** |
| Caulking: | tu |  |  |  |
| Foam: can 2-part |  |  |  |  |
| Door: replace repair replace hardware |  |  |  |  |
| Door: weather strip threshold shoe sweep |  |  |  |  |
| Window: replace repair re glaze |  |  |  |  |
| Glass: replace repair |  |  |  |  |
| Wall Repair: interior exterior |  |  |  |  |
| Floor repair |  |  |  |  |
| Ceiling repair |  |  |  |  |
| Roof repair |  |  |  |  |
| **ATTIC:** |  |  |  |  |
| Ventilation: roof soffit |  |  |  |  |
| Insulation | ft2 |  |  |  |
| Attic Access: install repair insulate w-strip |  |  |  |  |
| **SIDEWALL INSULATION:** | ft2 |  |  |  |
| **SMART THERMOSTAT:** |  |  |  |  |
| **ENERGY EFFICIENT BULBS (CFLs):** |  |  |  |  |
| **DUCTS:** |  |  |  |  |
| Insulation |  |  |  |  |
| Repair Replace Seal/Mastic |  |  |  |  |
| Seal ends of trunk line |  |  |  |  |
| **FLOOR/CRAWL SPACE:** |  |  |  |  |
| Insulation | ft2 |  |  |  |
| Vapor barrier | ft2 |  |  |  |
| Under Belly Repairs (Mobile Home) |  |  |  |  |
| **OTHER MEASURES:** |  |  |  |  |
| CO detector / Smoke alarm / Fire extinguisher |  |  |  |  |
| HVAC / Furnace filters |  |  |  |  |
| Ventilation: bath fan venting |  |  |  |  |
| Ventilation: kitchen stove top hood venting |  |  |  |  |
| Ventilation: dryer: inside hose outside vent |  |  |  |  |
| Water heater: insulate install new drip line |  |  |  |  |
| Water heater lines: insulate new pop-off valve |  |  |  |  |
| Install solar screens |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **APPLIANCE REPAIR / REPLACEMENT** |  |  |  |  |
| Central heating system: clean tune repair replace |  |  |  |  |
| Central cooling system: clean tune repair replace |  |  |  |  |
| Window AC unit (s): remove clean seal tune |  |  |  |  |
| Cook stove: clean repair |  |  |  |  |
| Gas direct-vent heater installed |  |  |  |  |
| Refrigerator replacement |  |  |  |  |
| Water Heater: repair replace |  |  |  |  |