

**VIRGINIA WEATHERIZATION PROGRAM
SINGLE AND MULTI-FAMILY COMPLETION INDIVIDUAL CHECKLIST**

Agency:	Job #: _____ Date: _____
Client Name:	Inspector(s):
Blower Door Readings Volume: _____ Target: _____ MVR: _____	Pre-Test: _____ CFM₅₀ at 50 Pa/.20 WC Post-Test: _____ CFM₅₀ at 50 Pa/.20 WC

INDICATE WHETHER WORK PERFORMED MEETS INSTALLATION STANDARDS. WHERE WORK DOES NOT MEET STANDARDS, NOTE CORRECTIONS TO BE MADE OR REASON WHY STANDARD CANNOT BE MET. UNIT MUST BE RE-INSPECTED AFTER ANY REWORK IS PERFORMED.

I. Heating/Cooling System Inspection and Repair

Fuel Supply: Unit 1 _____ Unit 2 _____ Unit 3 _____
Power Supply: Unit 1 _____ Unit 2 _____ Unit 3 _____
Chimney Condition: Unit 1 _____ Unit 2 _____ Unit 3 _____
Adequate Combustion Air: Unit 1 _____ Unit 2 _____ Unit 3 _____
Draft Reading: Unit 1 _____ Unit 2 _____ Unit 3 _____
Carbon Monoxide Reading: Flue Gas: Unit 1 _____ Unit 2 _____ Unit 3 _____
Ambient _____
CAZ Test Reading: Unit 1 _____ Unit 2 _____ Unit 3 _____
Venting: Unit 1 _____ Unit 2 _____ Unit 3 _____
Heat Exchanger Condition: Unit 1 _____ Unit 2 _____ Unit 3 _____
Clearance From Combustibles: Unit 1 _____ Unit 2 _____ Unit 3 _____
Safety Controls: Unit 1 _____ Unit 2 _____ Unit 3 _____
Unvented Space Heater(s) Present? ___ Yes ___ No **Gas Cook Range Present?** ___ Yes ___ No
Forced Air Distribution System Present? ___ Yes ___ No **If Yes, sealed?** _____

II. Seal Major Air Leaks **Attic Zonal Pressure WRT house** _____ Pa
Bypasses: _____
Direct Openings to Exterior: _____

III. Insulate and Vent
Attic: _____

IV. Insulate
Sidewalls: _____

V. Insulate Ducts/Heating Pipes: _____
Basement Zonal Pressure WRT house _____ Pa

VI. Insulate Domestic Water Heater: _____

Clothes Dryer vented/dampened to outside? ___ Yes ___ No ___ N/A
All exhaust fans vented/dampened to outside? ___ Yes ___ No ___ N/A

REWORKS: