

<u>Site Built Home</u>	Missouri DED/DE Weatherization Housing Quality Inspection Form	DE Inspection Date:
Client Name:	Agency:	Blower Door Pre Test:
Address:	Job No:	Bower Door Post Test:
City/Zip:	Funding:	Percent Reduction:
Initial Auditor:	Final Inspector:	Target Reduction:
Initial Audit Date:	Final Inspection Date:	Target Percent Reduction:
	<u>SAT</u> <u>N/A</u> <u>DEF</u> <u>NOTES</u>	
<u>Infiltration Reduction</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Air Leakage Areas	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Door Treatments	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Window Treatments	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<u>Wall Insulation</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Kneewalls	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Accesses	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<u>Attic Insulation</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Damming and Shielding	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Venting	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Accesses	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<u>Foundation/Floor Insulation</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Sillbox / Floor	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Accesses / Venting	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Vapor Barrier	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<u>Mechanical Systems</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Furnace Replaced	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Clean and Tune / Repairs	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Ductwork	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Duct Insulation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
AC Replaced	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Water Heater	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<u>ASHRAE 62.2</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<u>Health and Safety</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Vapor Barrier	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
CO/Smoke Detectors	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Dryer Vent to Exterior	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Other Health & Safety	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<u>Incidental Repairs</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<u>Miscellaneous</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
CFL's/LED's	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<u>Weatherization Labels</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<u>Section 106</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Exempt <input type="checkbox"/>
<u>NEAT Audit</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<u>Fuels:</u>		
Furnace	<input type="checkbox"/> Natural Gas/LPG <input type="checkbox"/> Electric <input type="checkbox"/> Other: _____	
Water Heater	<input type="checkbox"/> Natural Gas/LPG <input type="checkbox"/> Electric <input type="checkbox"/> Other: _____	
Oven	<input type="checkbox"/> Natural Gas/LPG <input type="checkbox"/> Electric <input type="checkbox"/> Other: _____	
Dryer	<input type="checkbox"/> Natural Gas/LPG <input type="checkbox"/> Electric <input type="checkbox"/> Other: _____	
<u>Housing Quality</u>	<input type="checkbox"/> No Additional Action Required	<input type="checkbox"/> Additional Action Required
<u>Inspected for Quality by:</u>		

