

WX-710 Completed Dwelling Report (REV 3/2016)

Job #: _____
 CAA Agency Name: _____
 Month: _____ County #: _____ Unit #: _____
 Beginning Unit Status: New Re. Wx Deferral

Property Address: _____
 Phone Number: _____

People: _____ Elderly: _____ Disabled: _____
 Children: <3 _____ 3-5 _____ 6-17 _____
 Owner Renter **Building Type:** SF MF MH

Annual Household Income: \$ _____
Income/Poverty Level: 0-74% 75-100% 101-125%
 126-150% 151-200%

Unit Size: Sq. Ft. Living Area _____ Cu. Ft. Living Area _____
 Stories: 1 1.5 2 2+

High Energy User & High Energy Burdened –
 Energy Cost/Annual Income is 15% or Greater? Yes No

Foundation Types:
 Crawlspace Enclosed Open
 Basement Conditioned Unconditioned
 Slab

Fuel and Usage:

Primary	<input type="checkbox"/>	System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Secondary	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
	C	W	P	O	G	E		US	VS	F

Annual Units	Annual Cost	Total Cost
		\$ _____
		\$ _____
Kwhs	Kwhs	\$ _____

1) H&S OR ECM

Measures	Inspection		Def-No/ Man. Ref
	1 st	2 nd	
Combustible Gas	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Water Heater Repair/Replace	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Venting	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Combustible Surface	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Other Appliance Repair	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Heating Unit Repair	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Heating Unit Replace	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Smoke/CO Detector	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Duct Replace/Install	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	

Heating Unit Efficiency
 Before SSE _____% After SSE _____%

2) AIR INFILTRATION

Measures	Inspection		Def-No/ Man. Ref
	1 st	2 nd	
Patch Envelope	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Attic By-Passes	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Door Repair	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Window Repair	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Duct Tightening	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Air Sealing Materials	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	

Blower Door CFM Rates

DNE Test	ASHRAE
RMV CFM	
Target CFM Rates	Required Mechanic Vent
Post Inspection Test	

3) DUCT INSULATION

Measures	Inspection		Def-No/ Man. Ref
	1 st	2 nd	
Duct Insulation	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	

4) BASE-LOAD

Measures	Inspection		Def-No/ Man. Ref
	1 st	2 nd	
Base Load Measures	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	

5) ATTIC/CEILINGS

Measures	Inspection		Def-No/ Man. Ref
	1 st	2 nd	
Blocking-Heat Producing	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Blocking-Ventilation	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Ceiling Repair	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
R-Value	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Attic Ventilation	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Roof Repair	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Access Way	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	

Attic/Ceiling Insulation

Before-Sq. Ft.	_____ R _____ / _____ %
After-Sq. Ft.	_____ R _____ / _____ %

6) WALLS

Measures	Inspection		Def-No/ Man. Ref
	1 st	2 nd	
Wall Repair	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Installation	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
R-Value	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	

Wall Insulation

Ceiling Height	_____ sq. ft.	Net Wall Area	_____ sq. ft.
Before-Sq. Ft.	_____ R _____ / _____ %		
After-Sq. Ft.	_____ R _____ / _____ %		
Type of Insulation	_____		

7) FLOOR/FOUNDATIONS

Measures	Inspection		Def-No/ Man. Ref
	1 st	2 nd	
R-Value	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Floor Repair	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Ground Cover	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Pipe Insulation	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Skirting	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Foundation Ventilation	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	

Floor Insulation

Before-Sq. Ft.	_____ R _____ / _____ %
After-Sq. Ft.	_____ R _____ / _____ %

8) GENERAL REPAIRS

Measures	Inspection		Def-No/ Man. Ref
	1 st	2 nd	
Door Replace	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Window Replace	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Mechanical Vent (H&S Only)	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Wiring (non-incident)	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	
Plumbing (non-incident)	<input type="checkbox"/> P <input type="checkbox"/> F	<input type="checkbox"/> P <input type="checkbox"/> F	

General Repair CFM Rates
 Before Repairs _____ CFM After Repairs _____ CFM

9) COMBUSTION APPLIANCE ZONE (CAZ) TEST

Pass No Atmospheric Draft Appliances

10) REFRIGERATOR REPLACEMENT

Yes No

11) INSPECTIONS

	Date	Inspector's Initials
1 st Inspection		
2 nd Inspection		

12) SERVICE COSTS

	LABOR	MATERIAL	TOTAL
DOE	Reg WX _____ + _____ = _____		
	+ _____ + _____ = _____		
LHEAP	H&S _____ + _____ = _____		
	+ _____ + _____ = _____		
TOTAL	_____ + _____ = _____		

13) DSM AND DONATED COSTS

	LABOR	MATERIAL	TOTAL
DSM	_____ + _____ = _____		
+ DONATED	_____ + _____ = _____		
TOTAL	_____ + _____ = _____		

14) COMMENTS

15) OWNER'S ACKNOWLEDGEMENT

All of the measures installed in my home have been explained to me pre-installation. I accept all equipment and materials installed, and I am satisfied with the work performed on my house by the Kentucky Weatherization Assistance Program. I realize there is no expressed or implied warranty and there can be no further assistance granted through this program.

Owner's Signature _____ Date _____

Renter's Signature _____ Date _____

16) INSPECTOR'S CERTIFICATION

I certify that this dwelling has been inspected and all work has been completed in compliance with the Kentucky Weatherization Program Manual.

Inspector's Signature _____ Date _____

Inspector's Name (Printed): _____

CAA/Contracting Agency: _____
 Inspector QCI Certified: Yes No