



WX-710 Completed Dwelling Report (REV 5/2023)

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+ Year Built:

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 Secondary
Fuel Source System
C W P O G E US VS F

Table with 3 columns: Annual Units, Per Unit Cost, Annual Cost. Includes Total Cost row.

1) H&S OR ECM

Table with 4 columns: Measures, Inspection (1st, 2nd), Def-No/Man. Ref. Rows include Combustible Gas, Water Heater Repair, Venting, etc.

Heating Unit Efficiency
Before SSE % After SSE %

2) AIR INFILTRATION

Table with 4 columns: Measures, Inspection (1st, 2nd), Def-No/Man. Ref. Rows include Patch Envelope, Attic By-Passes, Door Repair, etc.

Blower Door CFM Rates
DNE Test
RMV CFM
Target CFM Rates
Post Inspection Test

3) DUCT INSULATION

Table with 4 columns: Measures, Inspection (1st, 2nd), Def-No/Man. Ref. Row: Duct Insulation

4) BASE-LOAD

Table with 4 columns: Measures, Inspection (1st, 2nd), Def-No/Man. Ref. Row: Base Load Measures

5) ATTIC/CEILINGS

Table with 4 columns: Measures, Inspection (1st, 2nd), Def-No/Man. Ref. Rows include Blocking-Heat Producing, Blocking-Ventilation, Ceiling Repair, etc.

Attic/Ceiling Insulation
Before-Sq. Ft. R / %
After-Sq. Ft. R / %

6) WALLS

Table with 4 columns: Measures, Inspection (1st, 2nd), Def-No/Man. Ref. Rows include Wall Repair, Installation, R-Value

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

Table with 4 columns: Measures, Inspection (1st, 2nd), Def-No/Man. Ref. Rows include R-Value, Floor Repair, Ground Cover, etc.

Floor Insulation

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

8) GENERAL REPAIRS

Table with 4 columns: Measures, Inspection (1st, 2nd), Def-No/Man. Ref. Rows include Door Replace, Window Replace, Mechanical Vent, etc.

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

Table with 3 columns: 1st Inspection, Date, Inspector's Initials

12) SERVICE COSTS

Table with 4 columns: DOE/BIL, LIHEAP, LABOR, MATERIAL, TOTAL. Rows include Reg WX, H&S

13) DSM AND DONATED COSTS

Table with 4 columns: LABOR, MATERIAL, TOTAL. Rows include DSM, DONATED

14) COMMENTS

Blank lines for 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 warrantee 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
Inspector's Name (Printed):

CAA/Contracting Agency:
Inspector QCI Certified: Yes No