Weatherization Client Completion Form

Client Name: _____

Job # _____

Instructions for the Dwelling Needs Evaluator (DNE): All actions listed below must be completed. Check all applicable actions showing the client was provided the information and explained pamphlet for the documents listed below. Client must initial each applicable item. The client signature on this document in the job file, will serve as proof of delivery to the client

FOR EACH OWNER'S MANUAL REQUIRED, A SIGNED PROOF OF DELIVERY RECEIPT IS REQUIRED AND MUST BE KEPT IN CLIENT FILE.
*MARK NOT APPLICABLE DOCUMENTS WITH N/A IN CLIENT INTIALS SECTION

PRE-INSPECTION

Client Initials	Document
_____	A Brief Guide to Mold, Moisture & Your Home
_____	Lead-Safe Certified Guide to Renovate Right
_____	EPA HTML Publication: Asbestos in your Home
_____	EPA Publication: A Citizens Guide to Radon
_____	CPSC: Guide to Home Wiring Hazards
_____	DOE/EERE: Guide to Home Ventilation
_____	What You Should Know about Space Heaters
_____	Combustion Equipment Safety Hazards
_____	How to Maintain a Clean Home and Correct Unsanitary Conditions
_____	Importance of Cleaning and Maintaining Drainage Systems
_____	EPA Indoor Air Pollutants Brochure
_____	2 Part Foam Best Practices
_____	EPA Fact Sheet: Preventing Carbon Monoxide Poisoning
_____	Signed Disclaimer for Unvented Space Heaters
_____	Signed Disclaimer for existing Portable Electric Space Heaters
_____	Signed Disclaimer for Fuel/Gas Leak Present if Shut-Off Not Allowed
_____	Verbally Informed of Observed Fire Hazards
_____	Verbally Informed of Observed Pest Infestation and Associated Risks

PRE-INSPECTION

I certify that each client education document with my initials above has been given to me, and that each document was clearly explained to me.

_____

Signature of Weatherization Client **Date**

I certify that each client education document has been given to the client as applicable and that each document has been explained to the client.

_____

Signature of DNE/Energy Auditor **Date**

POST-INSPECTION

Client Initials	Document
_____	Owner's Manual for New Heat System
_____	Owner's Manual for Programmable Thermostat
_____	Owner's Manual for Refrigerator
_____	Owner's Manual for Water Heater
_____	Owner's Manual for Carbon Monoxide Detector
_____	Owner's Manual for Smoke Detector
_____	Owner's Manual for Range Hood
_____	Owner's Manual for ASHRAE/Ventilation
_____	Insulation Certificate (16 CFR, Part 460.17)
_____	Signed Disclaimer for Remaining Unvented Space Heaters if Removal is Not Allowed
_____	Signed Disclaimer for Remaining Portable Electric Space Heaters if Removal is Not Allowed.

POST-INSPECTION

I certify that each client education document with my initials above has been given to me, and that each document was clearly explained to me.

_____

Signature of Weatherization Client **Date**

I certify that each client education document has been given to the client as applicable and that each document has been explained to the client.

_____

Signature of DNE/Energy Auditor **Date**

OWNERS 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.

I understand that in cases where I feel the work completed is not sufficient, I have a right to request an informal review from the community action agency who performed the work or to contact the Ombudsman at the Kentucky Cabinet for Health and Family Services to make a formal complaint.

_____ _____

Owner's Signature Date

_____ _____

Landlord Signature (required if renter) Date

_____ _____

Renter's Signature Date

INSPECTORS CERTIFICATION

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

_____ _____

Inspectors Signature Date

CAA/Contracting Agency_____

Inspector QCI Certified: ☐ YES ☐ NO QCI Certification #_____ Exp. Date_____