# Weatherization Assistance Program (WAP)

## STATE MONITOR DESK REVIEW CHECKLIST

| Pro<br>Pro | pplicant: poperty Owner: poperty Address:  velling Type: | □ MF<br># Unit | F<br>its _ |     | CAA:               | x          |                         |  |  |  |
|------------|--|----------------|------------|-----|--------------------|------------|-------------------------|--|--|--|
| Re         | viewer   |                |            |     | Reviewer: Comments |            |                         |  |  |  |
|            |  |                | T          | ECH | NICAL REVIEW       |            |                         |  |  |  |
|            | Unit Inspections   | Pass           | Fail       | Ą   | Feedback/Open Item | MIN<br>MAJ | CAA<br>RESOLVED<br>Date |  |  |  |
|            | Footprint, Dimensions, Elevations adequate               |                |            |     |                    |            |                         |  |  |  |
| ENVELOPE   | Photos - Pre (support audit and WO)                      |                |            |     |                    |            |                         |  |  |  |
|            | Photos - Post (support inspection results)               |                |            |     |                    |            |                         |  |  |  |
|            | Buffer walls modeled correctly                           |                |            |     |                    |            |                         |  |  |  |
| ш          | Insulation Certificates per SWS                          |                |            |     |                    |            |                         |  |  |  |
|            | Deferral of Services                                     |                |            |     |                    |            |                         |  |  |  |
|            | Photos of diagnostic tests pre and post                  |                |            |     |                    |            |                         |  |  |  |
|            | Elete has a well-selected as Decker                      |                |            |     |                    |            |                         |  |  |  |
|            | Flats, knee walls, slopes, pre R value accurate          |                |            |     |                    |            |                         |  |  |  |
|            | Post R-value appropriate                                 |                |            |     |                    |            |                         |  |  |  |
| ATTIC      | Insulation installation meets WO/SWS                     |                |            |     |                    |            |                         |  |  |  |
| <b>A</b>   | IR/IP documented and appropriate                         |                |            |     |                    |            |                         |  |  |  |
|            | Vermiculite test results included                        |                |            |     |                    |            |                         |  |  |  |
|            | Attic Other  |                |            |     |                    |            |                         |  |  |  |
|            |  |                |            |     |                    |            |                         |  |  |  |
| WALLS      | Pre R value accurate                                     |                |            |     |                    |            |                         |  |  |  |
|            | Post R-value appropriate                                 |                |            |     |                    |            |                         |  |  |  |
|            | Insulation installation meets WO and SWS                 |                |            |     |                    |            |                         |  |  |  |
|            | IR/IP documented and appropriate                         |                |            |     |                    |            |                         |  |  |  |
|            | Walls Other  |                |            |     |                    |            |                         |  |  |  |
|            |  |                |            |     |                    |            |                         |  |  |  |
| BAS        | Pre R value accurate                                     |                |            |     |                    |            |                         |  |  |  |
|            | Post R-value appropriate                                 |                |            |     |                    |            |                         |  |  |  |

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|                       | Insulation installation meets WO and SWS                    |          |                          |  |
|-----------------------|---|----------|--------------------------|--|
|                       | Thermal Barrier applied where needed                        |          | <u>.</u>                 |  |
|                       | IR/IP documented and appropriate                            |          | <u>.</u>                 |  |
|                       | Basement Other  |          | <u>.</u>                 |  |
|                       |   |          |                          |  |
| <u>N</u>              | Blower Door reduction acceptable                            |          | ·                        |  |
| RAT                   | Task Installation meets WO and SWS                          |          | <br><u>-</u>             |  |
| INFILTRATION          | IR/IP documented and appropriate                            |          | ·<br>····· <b>-</b> ···· |  |
| =                     | Infiltration Other  |          |                          |  |
|                       |   |          |                          |  |
| 0                     | Electrical Usage in Client Information                      |          | <br>                     |  |
| BASELOAD              | Photos of Refrigerator, DHW, Dryer and Range data plates    |          | l                        |  |
| BASI                  | Baseload data entered in audit                              |          |                          |  |
|                       | Lighting usage data   |          |                          |  |
|                       |   |          |                          |  |
|                       |   |          |                          |  |
| , X                   | Pressure pan measurements                                   |          |                          |  |
| DIST                  | Room-to-room pressure difference                            |          |                          |  |
| 2                     | Distribution Other  |          |                          |  |
|                       |   |          |                          |  |
| S                     | Exhaust device inventory documented                         |          |                          |  |
| MEASURES (H&S)        | ASHRAE Worksheet or RED calc completed and accurate         |          |                          |  |
| URES                  | Final IAQ Checklist completed and accurate                  |          |                          |  |
| ASI                   | Installed equipment final cfm acceptable                    | · 🗆      |                          |  |
| Z                     | SPF thermal barrier where needed                            |          |                          |  |
| 吊                     | Misc./IP documented and appropriate                         |          |                          |  |
| OT                    | H&S Other   |          |                          |  |
|                       |   |          |                          |  |
|                       | Inventory of all heating/DHW combustio appliances           | n $\Box$ |                          |  |
| ES                    | Ambient CO  |          |                          |  |
| NO                    | CAZ testing   |          |                          |  |
| P.L.                  | Spillage  |          |                          |  |
| AP                    | Vent undiluted CO measurement                               |          |                          |  |
| O N                   | Smoke test  | <u>.</u> |                          |  |
| UST                   | CT&E documentation (on site, WX or                          |          |                          |  |
| COMBUSTION APPLIANCES | CHIP)   |          |                          |  |
| S                     | Gas Range burners and oven CO                               |          |                          |  |
|                       | Combustion Test, CO Test and Combustion Safety tabs correct |          |                          |  |
|                       |   |          |                          |  |
|                       | Conductive ECMs   |          |                          |  |
| SIR                   | Combined ECM and IR   |          |                          |  |
|                       | Infiltration ECM aggregate                                  |          |                          |  |

Billing Month/Year:

Applicant:

| App          | licant:  |  |  | Billing Month/Year: |  |  |
|--------------|--|--|--|---------------------|--|--|
|              | Total Job SIR                                  |  |  |                     |  |  |
|              |  |  |  |                     |  |  |
| J            | Technical Open Item Total:                     |  |  |                     |  |  |
| SUMMARY      | Explanation of unusual circumstances as needed |  |  |                     |  |  |
| Comme<br>nts |  |  |  |                     |  |  |
| Con          |  |  |  |                     |  |  |

#### The review status checkboxes mean the following:

- Pass = No Action required.
- Feedback = Items with feedback will be reported as Pass. Feedback will be entered in the Feedback/Comments column.
- Fail = Indicates an open item. The item must be corrected according to the comments/directions entered in the Feedback/Open Item column. Items that Fail will be rated for concern level, as defined on the Review Checklist, as Minor, Moderate or Major. Numbers will be tracked to identify training needs, analyze risk factors and inform the level of desk review appropriate for each CAA.

### **Recognition of High Quality / Best Practice:**

HQ = Recognition of best practices such as clear documentation of a complicated issue, review passes with no open items

#### **Open Item Concern Levels and Definitions:**

- MIN = Minor omission, easily corrected, no impact on job quality (e.g. missing form).
- MOD = Item requires moderate time and effort to correct, including correcting audit data, documentation discrepancies and/or providing explanations to meet documentation quality standards.
- MAJ = Item requires significant time and effort to correct, such as billing revisions.