

WAP JOB WORK ORDER FORM

Use this form, or its equivalent, to describe work items to be done

Health & Safety

**Air Sealing
and Infiltration
Reduction**

**Attic / Ceiling
Insulation**

**Duct Sealing
and Insulation**

Wall Insulation

**Floor/Belly
Insulation**

SC WAP ESTIMATE FORM

Use this form, or its equivalent, to estimate material and labor costs.

	Item	# of Units	Unit Cost	Materials	Labor	
Health & Safety						
		Material Sub-total				
		Labor Sub-total				
Air Sealing and Infiltration Reduction						
		Material Sub-total				
		Labor Sub-total				
Attic / Ceiling Insulation						
		Material Sub-total				
		Labor Sub-total				

	Item	# of Units	Unit Cost	Materials	Labor
Duct Sealing and Insulation					
	Material Sub-total				
	Labor Sub-total				
Wall Insulation					
	Material Sub-total				
	Labor Sub-total				
Floor Insulation	Item				
	Material Sub-total				
	Labor Sub-total				
Baseline & GHW					
	Material Sub-total				
	Labor Sub-total				

	Item	# of Units	Unit Cost	Materials	Labor
HVAC					
	Material Sub-total				
	Labor Sub-total				
Incidental Repair Measures					
	Material Sub-total				
	Labor Sub-total				
Other Misc. Expenses					
	Material Sub-total				
	Labor Sub-total				

Insulation Certificate

Customer Name _____	Agency/Installation Company Name _____
Customer Address _____	Agency/Company Phone Number(s) _____

DESCRIPTION OF WEATHERIZATION ASSISTANCE PROGRAM INSTALLED INSULATION:

CEILING

Sq. Ft.	_____	Number of rolls:	_____
Batt or Blanket Type	_____	Number of bags:	_____
Loose Fill Type	_____	Brand Name	_____
Installed Thickness (inches)	_____	Thermal Resistance (R-Value)	_____
Minimum Settled Thickness <small>(loose fill insulation only)</small>	_____	Manufacturer's minimum installed weight per ft ² to achieve above recorded R-Value	_____ lbs./ft ²
		Contractor's minimum installed weight/ft ²	_____ lbs./ft ²

EXTERIOR WALL

Sq. Ft.	_____	Number of rolls:	_____
Material	_____	Brand Name	_____
Thickness (inches)	_____	Thermal Resistance (R-Value)	_____
(If dense packed loose fill)	_____ lbs./ft ²	Number of bags:	_____

KNEEWALL

Sq. Ft.	_____	Number of rolls:	_____
Material	_____	Brand Name	_____
Thickness (inches)	_____	Thermal Resistance (R-Value)	_____

FLOOR

Sq. Ft.	_____	Number of rolls:	_____
Material	_____	Brand Name	_____
Thickness (inches)	_____	Thermal Resistance (R-Value)	_____

mobile home (belly) - loose fill

Sq. Ft. _____	Number of bags: _____
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GROUND SOURCE VAPOR BARRIER INSTALLED? (circle one) YES NO

DESCRIPTION OF COVERAGE AREA: _____

DECLARATION: I hereby certify that the noted insulation was installed at the residence above in conformance with FTC Regulation 16 CFR 460.17.

Contractor or Agency Representative _____	License Number _____
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Signature and Title _____	Date _____
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Subcontractor (Insulation Installer) _____	License Number _____
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Signature and Title _____	Date _____
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CERTIFIED RENOVATOR COMPLIANCE FORM

Date: _____

Agency:

Street Address of Renovation:

Brief Description of Renovation:

Name of Assigned Renovator:

EPA Certified Renovator#

Name(s) of trained workers:

- Occupant received pre-renovation education and signed the pre-renovation form.
- Copies of renovator and agency certifications on file and on work site.
- Certified renovator provided training to non-certified workers and has documentation onsite.
- Test kits used by Certified Renovator on components affected by weatherization (identify kits used and describe sampling locations and results).
- Warning signs posted.
- Work area contained.
- All objects in work area covered (interiors).
- HVAC ducts in work area closed and covered (interiors).
- Windows in the work area closed (interiors).
- Windows in and within 20 feet of work area closed (exteriors).
- Doors in work area closed and sealed (interiors).
- Doors in and within 20 feet of work area closed and sealed (exteriors).
- Doors in work area covered to allow passage but prevent spread of dust.
- Floors in work area covered with taped-down plastic (interiors).
- Ground covered by plastic extending 10 feet from work area—plastic anchored to building and weighted down by heavy objects (exteriors).
- If necessary, vertical containment installed to prevent migration of dust and debris to adjacent property (exteriors).
- Waste contained on-site and while being transported off-site.
- Work site properly cleaned after renovation.
- Certified renovator was present during the posting of signs, during establishment of containment area, and during cleaning verification.

I certify that the work above was performed in compliance with OEO and DOE policies and that the materials and workmanship comply with the SC SWS.

Name and Title

Date

Signature