

Internal Post Inspection Form - June 2015

Date		Contractor		
Client		Status	Owner <input type="checkbox"/>	Renter <input type="checkbox"/>
Address				

Contract Items

Date of Original Audit			
Clean & Tune Contractor			
Heating	Replacement <input type="checkbox"/>	No <input type="checkbox"/>	
Water Heating	Replacement <input type="checkbox"/>	No <input type="checkbox"/>	
Date of Post Inspection			
Comments:			

Checklist

Pre CFM number		
Post CFM number		
Pre Attic Zonal		
Post Attic Zonal		
Total CAZ Volume		
Total KAIR Volume		
If confined space, was it remediated? How? Explain		
Were safety tests and diagnostic testing completed per work order?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
HVAC and WX activity logs included?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were pictures taken to identify areas air sealed and insulated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were all client issues and concerns addressed? Explain	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Missed Opportunities:

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Additional Remarks:

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Post Inspector Name (Print)

Post Inspector Signature

