

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 INITIALS SECTION

<p><u>PRE-INSPECTION</u> Client Initials</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="text-align: left; font-weight: normal;">Document</th> </tr> </thead> <tbody> <tr><td>_____</td><td>A Brief Guide to Mold, Moisture & Your Home</td></tr> <tr><td>_____</td><td>Lead-Safe Certified Guide to Renovate Right</td></tr> <tr><td>_____</td><td>EPA HTML Publication: Asbestos in your Home</td></tr> <tr><td>_____</td><td>EPA Publication: A Citizens Guide to Radon</td></tr> <tr><td>_____</td><td>CPSC: Guide to Home Wiring Hazards</td></tr> <tr><td>_____</td><td>DOE/EERE: Guide to Home Ventilation</td></tr> <tr><td>_____</td><td>What You Should Know about Space Heaters</td></tr> <tr><td>_____</td><td>Combustion Equipment Safety Hazards</td></tr> <tr><td>_____</td><td>How to Maintain a Clean Home and Correct Unsanitary Conditions</td></tr> <tr><td>_____</td><td>Importance of Cleaning and Maintaining Drainage Systems</td></tr> <tr><td>_____</td><td>EPA Indoor Air Pollutants Brochure</td></tr> <tr><td>_____</td><td>2 Part Foam Best Practices</td></tr> <tr><td>_____</td><td>EPA Fact Sheet: Preventing Carbon Monoxide Poisoning</td></tr> <tr><td>_____</td><td>Signed Disclaimer for Unvented Space Heaters</td></tr> <tr><td>_____</td><td>Signed Disclaimer for existing Portable Electric Space Heaters</td></tr> <tr><td>_____</td><td>Signed Disclaimer for Fuel/Gas Leak Present if Shut-Off Not Allowed</td></tr> <tr><td>_____</td><td>Verbally Informed of Observed Fire Hazards</td></tr> <tr><td>_____</td><td>Verbally Informed of Observed Pest Infestation and Associated Risks</td></tr> </tbody> </table>		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	<p><u>PRE-INSPECTION</u></p> <p>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.</p> <hr/> <p>Signature of Weatherization Client Date</p> <p>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.</p> <hr/> <p>Signature of DNE/Energy Auditor Date</p>
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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 warranty 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

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 _____