

Insulation and air sealing quality summary

Project information

Installation address		City	Date (Yr/Mth/Day)
Installer name	Company		Business phone

Insulation and air sealing work completed

Attic	Existing insulation R-value: _____ ft ² ·°F·h/Btu		
	New attic insulation added:		
	Insulation type: _____	Area: _____ ft ²	R-value: _____ ft ² ·°F·h/Btu
	Insulation type: _____	Area: _____ ft ²	R-value: _____ ft ² ·°F·h/Btu
	Quality checkpoints		
	Insulation installed to manufacturer's requirements (e.g. snug/continuous/uncompressed/etc.)		
	Attic is sufficiently ventilated		
	Ventilation is not obstructed by insulation		
	Exhaust ducting continuous, sealed, and connected to exterior		
	No combustible insulation near heat sources (B vents, chimneys, etc.)		
	Ceiling air sealing:		
	<input type="checkbox"/> Pot lights <input type="checkbox"/> Attic hatch <input type="checkbox"/> Plumbing vents <input type="checkbox"/> Combustion vents <input type="checkbox"/> Attic knee walls <input type="checkbox"/> Chimneys <input type="checkbox"/> Exhaust fans <input type="checkbox"/> Top plates <input type="checkbox"/> Other: _____		
	Health and safety		
	Observed issues		Actions taken
	<input type="checkbox"/> Rodent infestation		Notes
<input type="checkbox"/> Hazardous materials (e.g. asbestos insulation)			
<input type="checkbox"/> Mold growth and/or water damage			
<input type="checkbox"/> Knob and tube wiring			
Basement or crawlspace	Existing insulation R-value: _____ ft ² ·°F·h/Btu		
	Location: <input type="checkbox"/> Floor above crawlspace <input type="checkbox"/> Perimeter of foundation wall		
	New crawlspace insulation added:		
	Insulation type: _____	Area: _____ ft ²	R-value: _____ ft ² ·°F·h/Btu
	Insulation type: _____	Area: _____ ft ²	R-value: _____ ft ² ·°F·h/Btu
	Quality checkpoints		
	Insulation installed to manufacturer's requirements (e.g. snug/continuous/etc.)		
	Crawlspace is sufficiently ventilated (if vented crawlspace)		
	Exhaust ducting continuous, sealed, and connected to exterior		
	No combustible insulation near heat sources (B vents, chimneys, gas furnace and hot water heater etc.)		
	Crawlspace sealing work:		
	<input type="checkbox"/> Plumbing drains <input type="checkbox"/> Crawlspace hatch <input type="checkbox"/> HVAC ductwork <input type="checkbox"/> Service penetrations <input type="checkbox"/> Floor joist header <input type="checkbox"/> Taped board insulation <input type="checkbox"/> Floor poly sheet <input type="checkbox"/> Cracks in concrete <input type="checkbox"/> Other: _____		
	Health and safety		
	Observed issues		Actions taken
	<input type="checkbox"/> Rodent infestation		Notes
<input type="checkbox"/> Hazardous materials (e.g. asbestos insulation)			
<input type="checkbox"/> Mold growth and/or water damage			
<input type="checkbox"/> Knob and tube wiring			

Insulation and air sealing work completed (continued)

Exterior Walls	Existing insulation R-value: _____ ft ² ·°F·h/Btu		
	Location: <input type="checkbox"/> Wall exterior <input type="checkbox"/> Wall stud cavity		
	New wall insulation added:		
	Insulation type: _____	Area: _____ ft ²	R-value: _____ ft ² ·°F·h/Btu
	Insulation type: _____	Area: _____ ft ²	R-value: _____ ft ² ·°F·h/Btu
	Quality checkpoints		Yes
	Insulation installed to manufacturer's requirements (e.g. snug/continuous/uncompressed/etc.)		<input type="checkbox"/>
	Wall air sealing: <input type="checkbox"/> HVAC ductwork <input type="checkbox"/> Electrical receptacles <input type="checkbox"/> Other:		
	Health and safety		
	Observed issues		Actions taken
<input type="checkbox"/> Rodent infestation		Notes	
<input type="checkbox"/> Hazardous materials (e.g. asbestos insulation)			
<input type="checkbox"/> Mold growth and/or water damage			
<input type="checkbox"/> Knob and tube wiring			

Cathedral ceiling	Existing insulation R-value: _____ ft ² ·°F·h/Btu		
	New insulation added:		
	Insulation type: _____	Area: _____ ft ²	R-value: _____ ft ² ·°F·h/Btu
	Insulation type: _____	Area: _____ ft ²	R-value: _____ ft ² ·°F·h/Btu
	Quality checkpoints		Yes
	Insulation installed to manufacturer's requirements (e.g. snug/continuous/uncompressed/etc.)		<input type="checkbox"/>
	Cathedral ceiling air sealing: <input type="checkbox"/> HVAC ductwork <input type="checkbox"/> Electrical receptacles <input type="checkbox"/> Other:		
	Health and safety		
	Observed issues		Actions taken
	<input type="checkbox"/> Rodent infestation		Notes
<input type="checkbox"/> Hazardous materials (e.g. asbestos insulation)			
<input type="checkbox"/> Mold growth and/or water damage			
<input type="checkbox"/> Knob and tube wiring			

Other	Existing insulation R-value: _____ ft ² ·°F·h/Btu		
	Location: <input type="checkbox"/> Rim joist header <input type="checkbox"/> Overhanging floor <input type="checkbox"/> Other:		
	New insulation added:		
	Insulation type: _____	Area: _____ ft ²	R-value: _____ ft ² ·°F·h/Btu
	Insulation type: _____	Area: _____ ft ²	R-value: _____ ft ² ·°F·h/Btu
	Notes		

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Contractor signature

Date (Yr/Mth/Day)