

**INDIANA WEATHERIZATION ASSISTANCE PROGRAM
MOBILE HOME WORK ORDER**

ACTIVITY LIST

INITIAL BD: _____

_____ **Health & Safety**

MVR: _____

General Heat Waste

METHOD:

_____ Blower Door Directed Air Sealing

_____ **1200CFM50**

_____ Water Heater System Treatment

_____ **.35 ACH**

_____ Furnace Tune Up

_____ **15CFM/Person**

_____ Lighting

_____ **Client Education**

_____ Insulate Floors

_____ Insulate Partially Insulated Walls

_____ Insulate Partially Insulated Ceilings

_____ Refrigerator Replacement

_____ Other

INTERIM BD: _____

_____ Minor Air Sealing

FINAL BD: _____

PROGRAM: ___DOE LIHEAP ___BASE
 ___MECH ___SWEEP
 ___CAP INT

Job #: _____ Client Name: _____

Address: _____

Comments: _____

Intake: _____

Started: _____

Audit: _____

Completed: _____

Approved: _____

Final Inspected: _____

Health & Safety: Combustion Appliance Replace/Repair, General Health & Safety	Materials	Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

General Heat Waste		
Blower Door Directed Air Sealing: Major Air Leaks, Duct Sealing.	Materials	Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Water Heater System Treatment:	Materials	Cost
Location/Size: _____	Water Heater Insulation	_____
Location/Size: _____	Water Pipe Insulation	_____
_____	Low Flow Shower Heads	_____
_____	Faucet Aerators	_____
Furnace Tune-Up:	Materials	Cost
_____	_____	_____
_____	_____	_____

Lighting: Compact Florescent Bulbs	Materials	Cost
Location: _____	_____	_____
Location: _____	_____	_____
Location: _____	_____	_____

Client Education	Materials	Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____

Insulate Floors	Materials	Cost
Floor Joist Direction: _____	_____	_____
Floor Joist Size: _____	_____	_____
Belly Cavity Configuration: _____	_____	_____

Insulate Partially Insulated Walls: If Cavity Air Space > 1"	Materials	Cost
Framing/Cavity Depth: _____	_____	_____
Existing Insulation: _____	_____	_____
Net Wall Area: _____	_____	_____

Insulate Partially Insulated Ceilings: If Existing < 3 1/2"	Materials	Cost
Ceiling Type: Bowstring/Pitched	_____	_____
Cavity Depth: _____	_____	_____
Existing Insulation: _____	_____	_____
Ceiling Area: _____	_____	_____

Refrigerator Replacement	Materials	Cost
Existing Metered KWH/Yr: _____	_____	_____
Existing Size: _____	_____	_____

Other: Necessary Repairs, Misc.	Materials	Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Minor Air Sealing:		
MVR: _____ CFM50: _____	Materials	Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PRESSURE PAN READINGS

LOCATION	INITIAL	INTERIM	INTERIM	FINAL
	PD:_____	PD:_____	PD:_____	PD:_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____