

**FILE REVIEW**

NORTH DAKOTA DEPARTMENT OF COMMERCE  
 DIVISION OF COMMUNITY SERVICES  
 SFN 61142 (10/2016)

Agency		Coordinator	
Fund Code	Job/Identifier Number	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Completion
Name		Address	
City		State	ZIP Code
Estimator	Agency Inspector		Crew Foreman

Housing Type <input type="checkbox"/> Site Built <input type="checkbox"/> Mobile Home <input type="checkbox"/> Shelter <input type="checkbox"/> Multi Family (5 or More)
Primary Fuel Type <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other _____
Combustion Appliances Present <input type="checkbox"/> Secondary Heat <input type="checkbox"/> Cook Stove <input type="checkbox"/> DHW <input type="checkbox"/> Fireplace <input type="checkbox"/> Other _____

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Eligibility Determination Present	<input type="checkbox"/> Yes <input type="checkbox"/> No
Proof of Ownership or Signed Rental Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unit Assessed Using	<input type="checkbox"/> Energy Audit
Work Agreement/Notice to Proceed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Invoices/Purchase Orders for All Materials Installed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lead-Paint Notification Documentation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A post-1978 or verified as "lead free"
Certified Renovator and Test Kit Documentation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A post-1978 or verified as "lead free"
Lead Safe Weatherization Documentation (including pictures)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A post-1978 or verified as "lead free"
Mold/Moisture and Hazard Assessment and Notification	<input type="checkbox"/> Yes <input type="checkbox"/> No
State Historic Preservation Documentation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Combustion Appliance Testing	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Notes _____
Heating System/DHW Bid Sheets, Heat Loss Calculations, Vendor's Bids, and any other Documentation necessary for Repairs and Replacements	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Blower Door Results (@CFM 50)	Pre Number	Post Number	MVR
Zonal Pressure Testing	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Notes_____		
Room to Room Pressure Testing	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Notes_____		
Pressure Pan Testing	Pre	Post	<input type="checkbox"/> N/A
Duct Leakage Testing (duct blaster)	Pre	Post	<input type="checkbox"/> N/A
Worst Case Draft Test	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Notes_____		
Reworks were Required on Unit	<input type="checkbox"/> Yes <input type="checkbox"/> No What_____		
Follow-up Documented	<input type="checkbox"/> Yes <input type="checkbox"/> No		
On-Site Work Assessment Form Signed and Dated by Final Inspector and Client Satisfaction Section Signed and Dated	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Inspected By	<input type="checkbox"/> Crew Foreman <input type="checkbox"/> Auditor <input type="checkbox"/> Coordinator <input type="checkbox"/> Other		
ND Monitoring Sheet Filled Out	<input type="checkbox"/> Yes, documentation is complete and in order <input type="checkbox"/> No		
ASHRAE required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Ventilation added? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Correct AFUE used in Energy Audit?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Comments on File Review	
File Review Performed By	Date