

Date: _____

Auditor _____
Technician _____
Final Inspector _____

OIL FURNACE INSPECTION FORM

1. Name _____
2. Address _____
3. Furnace Manufacturer _____
4. Model Number _____
5. Forced Air _____ Gravity _____
6. Chimney Vented _____ Direct/Power Vented _____
7. Vent Connector/ Size _____ inches
Horizontal Distance To chimney _____ feet
Rise to Chimney _____ inches
Condition Serviceable _____ Needs Repair _____
Specify _____
8. Chimney/ Location Exposed-Exterior _____ Interior _____
Construction Masonry-Tile lined _____ Masonry-Unlined _____
Masonry-Stainless Liner _____ L-Vent _____
Condition Serviceable _____ Needs Repair _____
Specify _____
9. Oil Leaks Yes _____ No _____
If YES, Specify Repair _____
10. Clearance To Combustibles (PMI or NFPA Code)
Furnace/Vent Connector Acceptable Yes _____ No _____
Water Heater/ Vent Connector Acceptable Yes _____ No _____
If NO, Specify Shielding/ Repair _____
11. Electrical Hazards Furnace Yes _____ No _____
Water Heater Yes _____ No _____
If YES, Specify Repair _____
12. Rated Input (BTU/ Hr or GPH) _____
13. Burner Type Flame Retention _____ Conventional _____ Other _____
Manufacturer _____
14. Annual Fuel Consumption _____ Gallons
15. Oil Filter Present? Yes _____ No _____
16. Combustion Chamber Condition Serviceable _____ Needs Repair _____
Specify _____
17. Barometric Draft Control Serviceable _____ Repair _____ Replace _____
Specify _____

Auditor

Technician

Final

20. Oxygen/ CO2 (circle) Fan ON
21. Supply Air Temp @ Fan On
22. Gross Flue Gas Temp @ Steady State
23. Net Flue Gas Temp @ Steady State
24. Oxygen/ CO2 (circle) @ Steady State
25. SSE%
26. Stack Draft at Steady State
27. Over Fire Draft at Steady State
28. Smoke Number at Steady State
29. Supply Air Temp at Steady State
30. Return Air Temp at Steady State
31. Heat Rise @ Steady State
32. Manufacturer's Specified Heat Rise
33. Supply Air Temp @ Fan OFF
34. Measured Oil Pump Pressure
35. Cad Cell Control Timing (seconds)
36. Stack Control Timing (seconds)
37. Measured Hi-Limit Operating Temp. (deg.)
38. Anticipator Current
39. Anticipator Setting
40. Final Nozel Description
41. Final Input (GPH)
42. Final Pump Pressure
43. Is the Blower Clean?
44. If Belt Drive, Is the belt adjusted/serviceable
45. Is there a Return Duct to living area?
If Not, Specify Repair _____
46. Is other duct repair needed?
If YES, Specify Repair _____

[illegible]

48. Hot Water Heater

Gas/ CO _____ppm
Draft _____

OIL/ Gross Temp _____
O2/CO2 _____
Smoke _____
Draft/OF _____
Draft/Stack _____

Date: _____

Auditor _____
Technician _____
Final Inspector _____

GAS FURNACE INSPECTION FORM

1. Name _____
2. Address _____
3. Furnace Manufacturer _____
4. Model Number/ Fuel _____
5. Forced Air _____ Gravity _____ Central System _____ Space Heater _____
6. Natural draft _____ Category I/Draft Inducer _____ Condensing _____
7. Vent Connector Nominal Size _____
Material Metal _____ PVC _____ High Temperature Plastic _____
Horizontal Distance to Chimney _____ ft.
Rise to Chimney _____ inches
Condition Serviceable _____ Needs Repair _____
Specify _____
8. Chimney Location Exposed/ Exterior _____ Interior _____
Construction B-vent _____ Masonry Unlined _____
Masonry Metal Liner _____ Masonry Tile Liner _____
Condition Serviceable _____ Needs Repair _____
Specify _____
9. Gas Leaks?
On Piping to Furnace No _____ Yes _____
On Piping to Water Heater No _____ Yes _____
On Piping to Cook Stove No _____ Yes _____
(Gas leaks should be reported immediately to the fuel supplier and to the occupant)
10. Clearance to Combustibles (PMI or NFPA Code)
Furnace/ Vent Connector Acceptable Yes _____ No _____
Hot Water Heater/ Vent Connector Acceptable Yes _____ No _____
Shielding/ Repair Specify _____
11. Electrical Hazards No _____ Yes _____ Specify _____
12. Rated Input _____ BTU/Hr.
+/- _____ *90 OK? Y/N*
13. Measured Input (Nat. Gas Only) BTU/Hr _____
14. Combustion Analyzer Used _____
15. Oxygen CO2 (circle) FAN OFF _____
16. Oxygen CO2 (circle) FAN ON _____
17. Supply Air Temp @ FAN ON _____
18. GROSS Flue Gas Temp @ Steady State _____

Auditor

Technician

Final

	Auditor	Technician	Final
19. NET Flue Gas Temp @ Steady State			
20. Oxygen / CO2 % @ Steady State			
21. SSE %			
22. Carbon Monoxide (PPM) @ Steady State			
23. Stack Draft @ SS (I.W.C. or Pascals)			
24. Supply Air Temperature @ Steady State			
25. Return Air Temperature @ Steady State			
26. Heat Rise @ Steady State			
27. Manufacturer's Specified Heat Rise			
28. Supply Air Temperature @ FAN OFF			
29. Is the blower clean ?			
30. If belt drive, is the belt in good condition and adjusted ?			
31. Anticipator Setting			
32. Anticipator Current			
33. Final Anticipator Setting			
34. Air Filter Size	x		
35. Limit Operating Temperature			
36. Is There a Return duct/chase to the living area If no, specify repair.			
37. Is other duct repair needed? If yes, specify repair.			
38. Hot water heater (If present)			
Carbon Monoxide (PPM)			
Draft (I.W.C. or Pascals)			

COMMENTS: _____

Date: _____

Auditor _____
Technician _____
Final Inspector _____

GAS BOILER INSPECTION FORM

1. Name _____
2. Address _____
3. Boiler Manufacturer _____
4. Model Number _____
5. Fuel Natural Gas _____ Propane _____
6. Forced Hot Water _____ Gravity Hot Water _____ Steam _____
7. Natural Draft _____ With Inducer _____ Power Vented _____
8. Vent Connector/ Size _____ inches
Material Metal _____ Hi-Temp Plastic _____ PVC _____
Horizontal Distance to Chimney/Wall _____ feet
Rise to Chimney/Wall Outlet _____ inches
Condition Serviceable _____ Needs Repair _____
Specify _____
9. Chimney/ Location Exposed -Exterior _____ Interior _____
Construction B-Vent _____ Masonry-Tile Lined _____
Masonry-Unlined _____ Masonry-Metal Liner _____
10. Gas Leaks? On Piping to Boiler Yes _____ No _____
On Piping to Water Heater Yes _____ No _____
On Piping to Cook Stove Yes _____ No _____
11. Clearance to Combustibles (PMI or NFPA Code)
Boiler/Vent Connector Acceptable Yes _____ No _____
Hot Water Heater/Vent Connector Acceptable Yes _____ No _____
Shielding/Repair Specify _____
12. Electrical Hazards Yes _____ No _____ Specify _____
13. Equipped with Electrically Operated Vent Damper Yes _____ No _____
14. Rated Input (BTU/Hr) _____
15. Measured Input (BTU/Hr)

Auditor	Technician	Final
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
16. If Present, Does Vent Damper Operate? _____
17. Combustion Analyzer Used _____
18. Gross Flue Gas Temp @ Steady State _____
19. Net Flue Gas Temp. @ Steady State _____
20. Oxygen/CO2 (circle) @ Steady State _____
21. SSE% _____
22. Carbon Monoxide @ Steady State _____
23. Stack Draft @ Steady State _____

24. Boiler Water Temp @ Steady State

Auditor

Technician

Final

25. Boiler Pressure @ Steady State

26. Relief Valve Pressure Rating

27. Relief Valve Condition Good _____

Leaking _____

Corroded _____

28. Hi-Limit Operating Temp (Hot Water)

29. Are There Leaks on the Piping or Boiler

Yes _____

No _____

Specify _____

30. Anticipator Setting

31. Anticipator Current

32. Anticipator Final Setting

33. Lo-Limit Setpoint (if applicable)

34. Domestic Coil In Use? Yes _____ No _____

35. Domestic Water Heater

Carbon Monoxide (PPM)

Draft

Hot Water Only

36. Do All Radiators or Baseboards get Hot Yes _____ No _____

If NO, Specify _____

Steam Only

37. Pressure Limit Setting _____ psi

38. Do all Radiators Get Hot? Yes _____ No _____

If NO, Specify _____

39. With Burner on, Flush Low Water Cut Off. Does Burner Shut Down Yes _____ No _____

If NO, Specify Repair _____

40. Do any Air Vents Vent Steam When Boiler Is Making Pressure? Yes _____ No _____

If YES, Specify Repair _____

Date: _____

Auditor _____

Technician _____

Final Inspector _____

OIL BOILER INSPECTION FORM

1. Job Number _____

2. Address _____

3. Boiler Manufacturer _____

4. Model Number _____

5. Forced Hot Water _____ Gravity Hot Water _____ Steam _____

6. Natural Draft _____ With Inducer _____ Power Vented _____

7. Vent Connector/ Size _____ inches

Horizontal Distance To Chimney/Wall _____ feet

Rise To Chimney _____ inches

Condition Serviceable _____ Needs Repair _____

Specify _____

8. Chimney/ Location Exposed/Exterior _____ Interior _____

Construction Masonry-Tile Lined _____ Masonry-Unlined _____

Masonry-Stainless Liner _____ L-Vent _____

Condition Serviceable _____ Needs Repair _____

Specify _____

9. Oil Leaks? Yes _____ No _____

If Yes, Specify Repair _____

10. Clearance To Combustibles (PMI or NFPA Code)

Boiler/Vent Connector Acceptable Yes _____ No _____

Water Heater/Vent Connector Acceptable Yes _____ No _____

If No, Specify Shielding/Repair _____

11. Electrical Hazards Boiler Yes _____ No _____

Hot Water Heater Yes _____ No _____

If Yes, Specify Repair _____

12. Rated Input (BTU/Hr or GPH) _____

13. Burner Type Flame Retention _____ Conventional _____ Other _____

Manufacturer _____

14. Annual Fuel Consumption _____ gallons

15. Oil Filter present? Yes _____ No _____

16. Combustion Chamber Condition Serviceable _____ Needs Repair _____

Specify _____

17. Barometric Draft Control Serviceable _____ Repair _____ Replace _____

Specify _____

18. Are there Water Leaks On The Boiler or Piping? Yes _____ No _____

If Yes, Specify Repair _____

19. Relief Valve Pressure Rating _____ psi

20. Relief Valve Condition Good _____ Leaking _____ Corroded _____

21. Anticipator Setting _____ amps

22. Domestic Coil in Use? Yes _____ No _____

Auditor

Technician

Final

23. Combustion Analyzer Used _____

24. Gross Flue Gas Temp @ Steady State _____

25. Net Flue Gas Temp @ SS _____

26. Oxygen/CO2 (circle) @ SS _____

27. SSE% _____

28. Stack Draft @ SS _____

29. Over Fire Draft @ SS _____

30. Smoke Number @ SS _____

31. Boiler Water Temp @ SS _____

32. Boiler Pressure @ SS _____

33. Carbon Monoxide @ SS (Wet Base Only) _____

34. Cad Cell Control Timing (seconds) _____

35. Stack Control Timing (seconds) _____

36. Measured Oil Pump Pressure _____

37. Final Nozel Description _____

38. Final Input (GPH or BTU/HR) _____

39. Final Pump Pressure _____

40. Measured Hi-Limit Operating Temperature _____

41. Anticipator Current _____

42. Anticipator Setting _____

43. Low-Limit Setpoint _____

44. Domestic Hot Water Heater _____

Oil Fired/ Gross Temp _____

O2/CO2 (circle) _____ %

Smoke _____

Draft/ OF _____

Draft/ Stack _____

Gas Fired/ CO _____ ppm

Stack Draft _____

45. Do All Radiators Get Hot? Yes _____ No _____

Specify _____

Steam Only

46. Pressure Limit Setpoint _____ psi

47. With Burner on , Flush the Low Water Cut Off. Does the burner shut Off? Yes _____ No _____

If NO, Specify Repair _____

48. Does STEAM escape from any Air Vents when the boiler is making Pressure? Yes _____ No _____

If YES, Specify Repair _____

WEATHERIZATION PROGRAM

FURNACE RETROFIT/MODIFICATION/REPLACEMENT PROGRAM

PROCEED ORDER

DATE: _____

TO: _____

CLIENT: _____

HOUSE MOBILE HOME

HOME OWNER RENTER

SINGLE-FAMILY RENTER

TELE: _____

MULTI-FAMILY RENTER

AGE OF HOME: _____ NUMBER OF CHILDREN UNDER 6 _____

REQUIRED COMPLETION DATE: _____

COMMENTS:

FROM: _____

Rachel Petty, Program Coordinator



Beverly Weaver, Executive Director
PO Box 38 - 120 South Center Street, Corry, PA 16407
Phone & T.D.D. 814-665-5161 Fax 814-664-7230
www.ErieCountyHousing.org



I certify that I checked the photo ID and confirmed the identity of:

ID type _____

ID # _____

Residing at _____

Staff Signature

Staff Printed Name

Date

I certify that:

Residing at: _____

Received the following educational instruction regarding (check all that apply):

Changing heating system filter _____

Programming thermostat _____

Other _____

Client Signature

Client Printed Name

Contractor Signature

Contractor Printed Name

Date

ERIE COUNTY HOUSING AUTHORITY

Beverly Weaver, Executive Director
PO Box 38 - 120 South Center Street, Corry, PA 16407
Phone & T.D.D. 814-665-5161 Fax 814-664-7230
www.ErieCountyHousing.org



ATTACHMENT G1

WEATHERIZATION PROGRAM COMPLAINT FORM

In the event the client is not satisfied with completed work performed at their home

Date: _____ Client Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Nature of Complaint: _____

Action Taken to Resolve Issue: _____

I have received and understand the Complaint Process

Client Signature _____ Printed _____ Date _____

Contractor's Signature _____ Printed _____ Date _____

Department of Community and Economic Development (DCED) Center for Community Services Client Appeals Process

Appeals should be followed in numerical order as listed below, with the client only proceeding to the next level of appeal if the previous level did not adequately satisfy the client's requirements.

1. Erie County Housing Authority Weatherization Coordinator – Rachel Petty, Erie County Housing Authority, P.O. Box 38, Corry, PA 16407; Phone: (814) 665-5161, extension 121; email: rpetty@eriecountyha.org
2. Erie County Housing Authority Executive Director – Beverly Weaver, Erie County Housing Authority, P.O. Box 38, Corry, PA 16407; Phone: (814) 665-5161; email: bweaver@eriecountyha.org
3. Department of Community and Economic Development/Center for Community Services – This office should only be contacted in writing and only in cases that have escalated beyond all other attempts at resolution – Center Director, Department of Community and Economic Development Center for Community Services, Commonwealth Keystone Building, 400 North Street, 4th Floor, Harrisburg, PA 17120-0225.

I hereby certify that I have received a copy and understand this Client Appeals process.

Client Signature _____ Printed _____ Date _____

Contractor's Signature _____ Printed _____ Date _____



Beverly Weaver, Executive Director
PO Box 38 - 120 South Center Street, Corry, PA 16407
Phone & T.D.D. 814-665-5161 Fax 814-664-7230
www.ErieCountyHousing.org



ATTACHMENT G1

WEATHERIZATION PROGRAM COMPLAINT FORM

In the event the client is not satisfied with completed work performed at their home

Date: _____ Client Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Nature of Complaint: _____

Action Taken to Resolve Issue: _____

I have received and understand the Complaint Process

Client Signature _____ Printed _____ Date _____

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Center for Community Services
Client Appeals Process

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PLEASE RETAIN THIS COPY FOR YOUR RECORDS

Department of Community and Economic Development
Center for Community Services

Client Guidance for Filing a Formal complaint with DCED

When should you file a complaint/appeal with DCED?

If you have tried to resolve the issue yourself and you have exhausted all your efforts to resolve the issue without success.

Steps to follow when filing the formal complaint:

1. Identify the problem. What has been done to resolve the problem and what are your expectations to resolve the problem? What is a fair solution to the problem?
2. Gather the information regarding the problem and what has been done to resolve it. Who has been contacted? What was their response? Keep notes regarding who you talked to, when you talked to that person, and what was said.
3. Writing the formal complaint/appeal must include:
 - a. Your name and complete address, best phone number to reach you and an email address (if possible)
 - b. The agency name and address
 - c. Name of the people at the agency with whom you spoke
 - d. Describe your complaint briefly, remember to include what happened, who was there, and when it happened.
 - e. Describe what has been done so far to resolve the issue, who has been contacted, when were they contacted, and what was their reply?
 - f. What are your expectations to resolve the issue? Are your expectations possible and reasonable?

Other tips for writing the letter:

1. Remember to include important facts about the services received
2. Avoid angry, sarcastic or threatening language
3. Type your letter, if possible. If handwritten, make sure the writing is clear

ERIE COUNTY HOUSING AUTHORITY

Beverly Weaver, Executive Director
PO Box 38 - 120 South Center Street, Corry, PA 16407
Phone & T.D.D. 814-665-5161 Fax 814-664-7230
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ATTACHMENT G1

WEATHERIZATION PROGRAM COMPLAINT FORM

In the event the client is not satisfied with completed work performed at their home

Date: _____ Client Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Nature of Complaint: _____

Action Taken to Resolve Issue: _____

I have received and understand the Complaint Process

Client Signature _____ Printed _____ Date _____

Contractor's Signature _____ Printed _____ Date _____

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I hereby certify that I have received a copy and understand this Client Appeals process.

Client Signature _____ Printed _____ Date _____

Contractor's Signature _____ Printed _____ Date _____

***PLEASE NOTE: THIS FORM IS TO BE USED ONLY IN REGARDS TO SOME ASPECT OF
WORK OR SERVICE CONDUCTED, NEVER WHEN DISPUTING DEFERRALS OR ELIGIBILITY
OF CRISIS SERVICES.***



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ATTACHMENT G1

WEATHERIZATION PROGRAM COMPLAINT FORM

In the event the client is not satisfied with completed work performed at their home

Date: _____ Client Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Nature of Complaint: _____

Action Taken to Resolve Issue: _____

I have received and understand the Complaint Process

Client Signature _____

Printed _____

Date _____

Department of Community and Economic Development (DCED)
Center for Community Services
Client Appeals Process

Appeals should be followed in numerical order as listed below, with the client only proceeding to the next level of appeal if the previous level did not adequately satisfy the client's requirements.

1. Erie County Housing Authority Weatherization Coordinator – Rachel Petty, Erie County Housing Authority, P.O. Box 38, Corry, PA 16407; Phone: (814) 665-5161, extension 121; email: rpetty@eriecountyha.org
2. Erie County Housing Authority Executive Director – Beverly Weaver, Erie County Housing Authority, P.O. Box 38, Corry, PA 16407; Phone: (814) 665-5161; email: bweaver@eriecountyha.org
3. Department of Community and Economic Development/Center for Community Services – This office should only be contacted in writing and only in cases that have escalated beyond all other attempts at resolution – Center Director, Department of Community and Economic Development, Center for Community Services, Commonwealth Keystone Building, 400 North Street, 4th Floor, Harrisburg, PA 17120-0225.

***PLEASE NOTE: THIS FORM IS TO BE USED ONLY IN REGARDS TO SOME ASPECT OF
WORK OR SERVICE CONDUCTED, NEVER WHEN DISPUTING DEFERRALS OR ELIGIBILITY
OF CRISIS SERVICES.***

PLEASE RETAIN THIS COPY FOR YOUR RECORDS

Department of Community and Economic Development
Center for Community Services

Client Guidance for Filing a Formal complaint with DCED

When should you file a complaint/appeal with DCED?

If you have tried to resolve the issue yourself and you have exhausted all your efforts to resolve the issue without success.

Steps to follow when filing the formal complaint:

1. Identify the problem. What has been done to resolve the problem and what are your expectations to resolve the problem? What is a fair solution to the problem?
2. Gather the information regarding the problem and what has been done to resolve it. Who has been contacted? What was their response? Keep notes regarding who you talked to, when you talked to that person, and what was said.
3. Writing the formal complaint/appeal must include:
 - a. Your name and complete address, best phone number to reach you and an email address (if possible)
 - b. The agency name and address
 - c. Name of the people at the agency with whom you spoke
 - d. Describe your complaint briefly, remember to include what happened, who was there, and when it happened.
 - e. Describe what has been done so far to resolve the issue, who has been contacted, when were they contacted, and what was their reply?
 - f. What are your expectations to resolve the issue? Are your expectations possible and reasonable?

Other tips for writing the letter:

1. Remember to include important facts about the services received
2. Avoid angry, sarcastic or threatening language
3. Type your letter, if possible. If handwritten, make sure the writing is clear

**WEATHERIZATION PROGRAM
FURNACE RETROFIT/MODIFICATION/REPLACEMENT
COMPLETION FORM**

CLIENT _____

ADDRESS _____

HOME OWNER _____

Your heating system has now been serviced by a qualified heating contractor, in conjunction with the Erie County Housing Authority's Weatherization Program. Work has been completed according to all rules, regulations and specifications established for the program by the U.S. Department of Energy, U.S. Department of Health & Human Services, Pennsylvania Department of Community and Economic Development, Community Empowerment Office.

You, as the client and/or owner are asked to answer the following questions and sign this form.

1. The contractor has explained and I have examined the work performed on my heating system. I have found the work to be completed to my satisfaction and have no further questions.
2. I understand that the workmanship completed by this contractor is guaranteed for a period of one (1) year.
3. I understand that parts not serviced by the contractor are not liable for repair by the contractor after the unit has been completed.
4. I agree not to tamper with the heating system and understand that by doing so, I can void the guarantee of workmanship provided by the contractor.
5. I understand that problems, complaints, or questions must be directed to the contractor and not the Housing Authority.
6. I understand that if I call the contractor to report a problem with the unit and it is not related to the work performed under this program and covered by the one year warranty of service, I will be billed by the contractor for the service call.
7. I have been given all manuals, warranties, etc. relative to any and all materials installed on my heating system.

CLIENT COMMENTS:

DATE _____ CLIENT/OWNER _____

DATE _____ CONTRACTOR _____

**WEATHERIZATION PROGRAM
BATHROOM FAN RETROFIT/MODIFICATION/REPLACEMENT
COMPLETION FORM**

CLIENT _____

ADDRESS _____

HOME OWNER _____

Your bathroom exhaust fan has now been serviced by a qualified contractor, in conjunction with the Erie County Housing Authority's Weatherization Program. Work has been completed according to all rules, regulations and specifications established for the program by the U.S. Department of Energy, U.S. Department of Health & Human Services, Pennsylvania Department of Community and Economic Development, Community Empowerment Office and ASHRAE 62.2.

You, as the client and/or owner are asked to answer the following questions and sign this form.

1. The contractor has explained and I have examined the work performed on my bathroom exhaust fan. I have found the work to be completed to my satisfaction and have no further questions.
2. I understand that the workmanship completed by this contractor is guaranteed for a period of one (1) year.
3. I understand that parts not serviced by the contractor are not liable for repair by the contractor after the unit has been completed.
4. I agree not to tamper with the exhaust system and understand that by doing so, I can void the guarantee of workmanship provided by the contractor.
5. I understand that problems, complaints, or questions must be directed to the contractor and not the Housing Authority.
6. I understand that if I call the contractor to report a problem with the unit and it is not related to the work performed under this program and covered by the one year warranty of service, I will be billed by the contractor for the service call.
7. I have been given all manuals, warranties, etc. relative to any and all materials installed on my bathroom exhaust system.

CLIENT COMMENTS:

DATE _____ CLIENT/OWNER _____

DATE _____ CONTRACTOR _____

ERIE COUNTY HOUSING AUTHORITY
WEATHERIZATION PROGRAM
SUB-CONTRACTOR TIME SHEET

Client Name: _____

Address: _____

Funding Source (to be filled out by Weatherization staff): DOE LIHEAP CRISIS

Crew Member: _____ Hours Worked: _____

Date of Work Performed: _____

Crew Member: _____ Hours Worked: _____

Date of Work Performed: _____

Crew Member: _____ Hours Worked: _____

Date of Work Performed: _____

Crew Member: _____ Hours Worked: _____

Date of Work Performed: _____

Crew Member: _____ Hours Worked: _____

Date of Work Performed: _____

HVAC SUPERVISOR SIGNATURE

DATE

HVAC SUPERVISOR NAME (PRINTED)

TO: ERIE COUNTY HOUSING AUTHORITY
WEATHERIZATION PROGRAM
120 SOUTH CENTER STREET
P. O. BOX 38
CORY, PA 16407

REQUEST FOR FINAL PAYMENT

CLIENT: _____

ADDRESS: _____

I hereby request payment for the work completed on the above referenced home. By my signature below, I certify that the work performed was completed in compliance to all requirements contained in my signed Contract with the Erie County Housing Authority for Furnace Retrofit/Modification/Replacement. Copies of all applicable invoices are attached. Work was completed on _____.

Payment requested includes: \$ _____ Materials

\$ _____ Labor

\$ _____ Total

Contractor's Signature

Company

furnpay

FURNACE REJECTION NOTICE

I do hereby reject retrofit/modification on the heating system located at the home of

(Weatherization Client)

(Address)

for the following reasons:

General Reasons:

- Cracked heat exchanger
- System is old, repair parts not available. Approximate age of system _____
- Heating system is not in operating condition and in need of extensive repair work which is beyond the scope of the Weatherization Program's Retrofit/Modification component.
- Standard retrofit measures would not aid this furnace in effectively operating up to a seven (7) year period.
- This unit is currently operating, however, standard retrofit measures may accelerate the rate of deterioration and force the above referenced homeowner to absorb the major cost of repairing/replacing the entire unit at a later time.
- Other necessary documentation for replacement:

(Date)

(Contractor's Signature)

furnrej



Beverly Weaver, Executive Director
PO Box 38 - 120 South Center Street, Corry, PA 16407
Phone & T.D.D. 814-665-5161 Fax 814-664-7230
www.ErieCountyHousing.org



CHANGE ORDER DOCUMENTATION

Job Number: _____

Client Name: _____

Address: _____

Contractor: _____

Items(s) Authorized and reason for change in work order:

Signature of Weatherization Program Representative Authorizing Change

Date

Printed Name

Signature of Contractor Representative

Date

Printed Name

THIS FORM MUST BE USED FOR ALL HOUSES BUILT BEFORE 1978

I certify that lead safe work practices were followed at the residence of:

Residing at: _____

Contractor Signature

Contractor Printed Name

Date

*******BE SURE TO DOCUMENT WITH PHOTOGRAPHS*******

LIHEAP CRISIS QUALITY & POST INSPECTION

CLIENT'S NAME: _____

DATE: _____

ADDRESS: _____

YES/NO

Did client receive Energy Educational Instruction _____

Was client satisfied with work performed to restore emergency heating? _____

Has client signed the completion report? _____

EXPLAIN ALL "NO" ANSWERS BELOW:

I certify that the repair or replacement of my heating system has been completed and that I am satisfied with the workmanship. I also acknowledge receipt of client educational information that may include, but is not limited to, how to program the thermostat and how to change the furnace filter.

Client: Print: _____

Signature: _____

Agency: Print: _____

Signature: _____

LIHEAP CRISIS COMPLETION FORM

I confirm that the work done through the LIHEAP Crisis Program to restore heat to my home has been completed.

Please check one of the following categories that best describes the quality of material and workmanship provided:

Excellent _____

Good _____

Fair _____

Poor _____

ADDITIONAL COMMENTS: _____

The heating system installed at this residence qualified as having a "weather-related emergency" and the household was without heat or in imminent danger of being without heat. Repairs or replacement of the heating system was completed by a furnace contractor contracted with Erie County Housing Authority to perform work through the LIHEAP Crisis Program. The client is responsible for maintaining installed materials.

Neither the furnace contractor, nor the Erie County Housing Authority will be able to return to do additional work without a new Crisis Referral Form (CRF) from the Department of Human Services (DHS), who can be reached at (814) 461-2002 or 1-(800) 635-1014

Client: Print: _____

Signature: _____

Address: _____

Agency Print: _____

Signature: _____

**NOTIFICATION OF POTENTIAL HEALTH AND SAFETY ISSUES DEFERRAL OF
WEATHERIZATION SERVICES**

PLEASE READ, SIGN, AND DATE

The Pennsylvania Weatherization Assistance Program is providing you with this information in the event that your application is deferred. If an application is deferred, the applicant's home will not receive weatherization services until after the reason(s) for deferral have been corrected and a new application is submitted. Listed below are possible reasons why an application may be deferred:

- The house has been condemned or has electrical, heating, plumbing, or other equipment issues which have caused the local or state building officials or utilities to prohibit work in the building.
- The building structure or its mechanical systems are in such a state of disrepair that the conditions cannot be resolved cost-effectively;
- Dangerous conditions exist due to high carbon monoxide levels in combustion appliances that cannot be resolved under existing health and safety measures and with only minor repairs;
- The dwelling unit or surrounding property exhibits problems with pet containment;
- The extent of and condition of lead-based paint or friable asbestos in the house would create further health and safety hazards.
- Moisture problems are so severe that they cannot be resolved under existing health and safety measures and with only minor repairs;
- The dwelling unit has sewage or other sanitary problems that would further endanger the client and installers if weatherization work were performed;
- Criminal behavior is observed in the household;
- The client refused critical weatherization measures;
- The client created a health and safety issue and refuses to correct the problem, or the dwelling unit has sewage or sanitary problems which will further endanger the client and installers;
- The client refuses recommended health and safety measures;
- The client or a household member acts in an uncooperative, threatening or abusive manner;
- The client has known health problems which preclude insulation or other weatherization materials from being installed;
- Other (i.e. Health & Safety issues, not listed above, friable, asbestos, etc.) Must specify:

Applicant's Signature

Date

Staff Signature

Date

Applicant's Name (please print)

Staff Name (please print)

Address of Property