

**CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 1 of 8) CF-4R**

Project Address		Builder Name
Builder Contact	Telephone	Plan Number
HERS Rater	Telephone	Sample Group Number
Compliance Method (Prescriptive)		Climate Zone
Certifying Signature	Date	Sample House Number
Firm		HERS Provider
Street Address:		City/State/Zip:

**Copies to: BUILDER, HERS PROVIDER AND BUILDING DEPARTMENT**

**HERS RATER COMPLIANCE STATEMENT**

The house was:   Tested   Approved as part of sample testing, but was not tested

As the HERS rater providing diagnostic testing and field verification, I certify that the house identified on this form complies with the diagnostic tested compliance requirements as checked  on this form. The HERS rater must check and verify that the new distribution system is fully ducted and correct tape is used before a CF-4R may be released on every tested building. The HERS rater must not release the CF-4R until a properly completed and signed CF-6R has been received for the sample and tested buildings.

- The installer has provided a copy of CF-6R (Installation Certificate).
- New Distribution system is fully ducted (i.e., does not use building cavities as plenums or platform returns in lieu of ducts).
- New systems where cloth backed, rubber adhesive duct tape is installed, mastic and draw bands are used in combination with cloth backed, rubber adhesive duct tape to seal leaks at duct connections.

**MINIMUM REQUIREMENTS FOR DUCT LEAKAGE REDUCTION COMPLIANCE CREDIT**

*Procedures for field verification and diagnostic testing of air distribution systems are available in RACM, Appendix RC4.3.*

**Duct Diagnostic Leakage Testing Results**

<b>NEW CONSTRUCTION:</b>			
		Measured Values	
	Duct Pressurization Test Results (CFM @ 25 Pa)		
1	Enter Tested Leakage Flow in CFM:		
2	Fan Flow: Calculated (Nominal: <input checked="" type="checkbox"/> Cooling <input checked="" type="checkbox"/> Heating) or <input checked="" type="checkbox"/> Measured Enter Total Fan Flow in CFM:		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
3	Pass if Leakage Percentage ≤ 6% [ 100 x [ _____(Line # 1) / _____(Line # 2)]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>ALTERATIONS: Duct System and/or HVAC Equipment Change-Out</b>			
4	Enter Tested Leakage Flow in CFM from CF-6R: <b>Pre-Test</b> of Existing Duct System Prior to Duct System Alteration and/or Equipment Change-Out.		
5	Enter Tested Leakage Flow in CFM: <b>Final Test</b> of New Duct System or Altered Duct System for Duct System Alteration and/or Equipment Change-Out.		
6	Enter Reduction in Leakage for Altered Duct System [ _____(Line # 4) Minus _____(Line # 5)] (Only if Applicable)		
7	Enter Tested Leakage Flow in CFM to Outside (Only if Applicable)		<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
8	Entire New Duct System - Pass if Leakage Percentage ≤ 6% [100 x [ _____(Line # 5) / _____(Line # 2)]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>TEST OR VERIFICATION STANDARDS: For Altered Duct System and/or HVAC Equipment Change-Out</b>			<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
<b>Use one of the following four Test or Verification Standards for compliance:</b>			
9	Pass if Leakage Percentage ≤ 15% [100 x [ _____(Line # 5) / _____(Line # 2)]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
10	Pass if Leakage to Outside Percentage ≤ 10% [100 x [ _____(Line # 7) / _____(Line # 2)]]		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
11	Pass if Leakage Reduction Percentage ≥ 60% [100 x [ _____(Line # 6) / _____(Line # 4)]] and Verification by Smoke Test and Visual Inspection		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
12	Pass if Sealing of all Accessible Leaks and Verification by Smoke Test and Visual Inspection		<input type="checkbox"/> Pass <input type="checkbox"/> Fail
<b>Pass if One of Lines # 9 through # 12 pass</b>			<input type="checkbox"/> Pass <input type="checkbox"/> Fail

**CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 2 of 8) CF-4R**

Project Address	Builders Name
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**DIAGNOSTIC SUPPLY DUCT LOCATION, SURFACE AREA AND R-VALUE**

*Procedures for field verification and diagnostic testing for this group compliance credits are available in RACM, Appendix RC, RE & RH.*

**LESS THAN 12 LINEAL FEET OF SUPPLY DUCT OUTSIDE OF CONDITIONED SPACE COMPLIANCE CREDIT**

<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Less than 12 lineal feet of supply duct outside of conditioned space.	Yes to this compliance credit is a pass	<input checked="" type="checkbox"/> Pass	<input checked="" type="checkbox"/> Fail
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**SUPPLY DUCTS LOCATED IN CONDITIONED SPACE COMPLIANCE CREDIT**

<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Ducts are located within the conditioned volume of building.	Yes to this compliance credit is a pass	<input checked="" type="checkbox"/> Pass	<input checked="" type="checkbox"/> Fail
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**Duct System Design verification is required for a compliance credit for the following:**

1. Supply duct surface area reduction
2. Buried supply ducts on the ceiling
3. Deeply buried supply ducts

**DUCT SYSTEM DESIGN VERIFICATION**

<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Adequate airflow verified			
<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	The duct system design plan meets the requirements specified in RACM, Appendix RE, Section RE.4.2			
<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	The duct system design plan exists on building plans			
<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Duct sizes, duct system layout and locations of supply & return registers match the duct system design plan			
Yes to all is a pass				<input checked="" type="checkbox"/> Pass	<input checked="" type="checkbox"/> Fail	

**SUPPLY DUCTS SURFACE AREA REDUCTION COMPLIANCE CREDIT**

Attic	Crawl Space	Basement	Covered	Deeply Covered	Other	Duct Diameter	R-4.2 Surface Area	R-6.0 Surface Area	R-8.0 Surface Area	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Total Surface Area for Each R-Value =										
<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Duct Surface Area matches Performance's CF-1R?					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Yes to all is a pass								<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	

**BURIED DUCTS ON THE CEILING COMPLIANCE CREDIT**

<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Buried Ducts on the Ceiling			
<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Verified High Insulation Installation Quality	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Yes to duct system design, supply duct surface area reduction and this compliance credit is a pass				<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	

**DEEPLY BURIED DUCTS COMPLIANCE CREDIT**

<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>Deeply Buried Ducts</i>			
<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Verified High Insulation Installation Quality	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Yes to duct system design, supply duct surface area reduction and this compliance credit is a pass				<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	

**CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 3 of 8) CF-4R**

Project Address		Builder Name
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HERS Rater	Telephone	Sample Group Number
Compliance Method (Prescriptive)		Climate Zone
Certifying Signature	Date	Sample House Number
Firm		HERS Provider
Street Address:		City/State/Zip:

**Copies to: BUILDER, HERS PROVIDER AND BUILDING DEPARTMENT**

**HERS RATER COMPLIANCE STATEMENT**

The house was:  Tested       Approved as part of sample testing, but was not tested

As the HERS rater providing diagnostic testing and field verification, I certify that the house identified on this form complies with the diagnostic tested compliance requirements as checked on this form.

The installer has provided a copy of CF-6R (Installation Certificate).

**THERMOSTATIC EXPANSION VALVE (TXV)**

*Procedures for field verification of thermostatic expansion valves are available in RACM, Appendix RI.*

				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Access is provided for inspection. The procedure shall consist of visual verification that the TXV is installed on the system and installation of the specific equipment shall be verified.	<input type="checkbox"/>	<input type="checkbox"/>
			Yes is a pass	Pass	Fail

**REFRIGERANT CHARGE MEASUREMENT**

Verification for Required Refrigerant Charge for Split System Space Cooling Systems without Thermostatic Expansion Valves

Outdoor Unit Serial #		
Location		
Outdoor Unit Make		
Outdoor Unit Model		
Cooling Capacity		Btu/hr
Date of Verification		
Date of Refrigerant Gauge Calibration		(must be checked monthly)
Date of Thermocouple Calibration		(must be checked monthly)

Standard Charge Measurement (outdoor air dry-bulb 55 °F and above):

Note: The system should be installed and charged in accordance with the manufacturer's specifications and installer verification shall be documented on CF-6R before starting this procedure. If outdoor air dry-bulb is below 55 °F rater shall use the Alternative Charge Measure Procedure

Procedures for Determining Refrigerant Charge using the Standard Method are available in RACM, Appendix RD2.

<input checked="" type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No	A copy of CF-6R (Installation Certificate) has been provided with refrigerant charge measurement documented.
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**CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 4 of 8) CF-4R**

Project Address	Builders Name
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Measured Temperatures

Supply (evaporator leaving) air dry-bulb temperature (Tsupply, db)		°F
Return (evaporator entering) air dry-bulb temperature (Treturn, db)		°F
Return (evaporator entering) air wet-bulb temperature (Treturn, wb)		°F
Evaporator saturation temperature (Tevaporator, sat)		°F
Suction line temperature (Tsuction, db)		°F
Condenser (entering) air dry-bulb temperature (Tcondenser, db)		°F

Superheat Charge Method Calculations for Refrigerant Charge

Actual Superheat = Tsuction, db – Tevaporator, sat		°F
Target Superheat (from Table RD-2)		°F
Actual Superheat – Target Superheat (System passes if between -5 and +5°F)		°F

Temperature Split Method Calculations for Adequate Airflow

*Split Method Calculation is not necessary if Adequate Airflow credit is taken*

Actual Temperature Split = T return, db Tsupply, db		°F
Target Temperature Split (from Table RD3)		°F
Actual Temperature Split Target Temperature Split (System passes if between -3°F and +3°F or, upon remeasurement, if between -3°F and -100°F)		°F

Standard Charge Measurement Summary:

System shall pass both refrigerant charge and adequate airflow calculation criteria from the same measurements. If corrective actions were taken, both criteria must be remeasured and recalculated

<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	System Passes
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Alternative Charge Measurement (outdoor air dry-bulb below 55 °F)

Note: The system should be installed and charged in accordance with the manufacturer’s specifications and installer verification shall be documented on CF-6R before starting this procedure. If outdoor air dry-bulb is 55 °F or above, rater shall use the Standard Charge Measure Procedure:

*Procedures for Determining Refrigerant Charge using the Alternative Method are available in RACM, Appendix RD3.*

<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	A copy of CF-6R (Installation Certificate) has been provided with refrigerant charge measurement documented.
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Weigh-In Charging Method for Refrigerant Charge

Actual liquid line length:		ft
Manufacturer’s Standard liquid line length:		ft
Difference (Actual – Standard):		ft

Manufacturer’s correction (ounces per foot) _____ x difference in length = _____ ounces (“+ “ = add ounces) (“-“ = remove ounces)
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Alternative Charge Measurement Summary:

System shall pass both refrigerant charge and adequate airflow calculation criteria from the same measurements. If corrective actions were taken, both criteria must be remeasured and recalculated.

<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	System Passes
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**CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 5 of 8) CF-4R**

Project Address		Builder Name
Builder Contact	Telephone	Plan Number
HERS Rater	Telephone	Sample Group Number
Certifying Signature	Date	Sample House Number
Firm	HERS Provider	
Street Address:	City/State/Zip:	

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**HERS RATER COMPLIANCE STATEMENT**

The house was:   Tested   Approved as part of sample testing, but was not tested

As the HERS rater providing diagnostic testing and field verification, I certify that the house identified on this form complies with the diagnostic tested compliance requirements as checked on this form.

The installer has provided a copy of CF-6R (Installation Certificate).

**ADEQUATE AIRFLOW VERIFICATION**

*Procedures for field verification and diagnostic testing of adequate airflow are available in RACM, Appendix RE4.1.*

Method For Airflow Measurement				
<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Duct design exists on plans	
<input type="checkbox"/>	RE4.1.1		Diagnostic Fan Flow Using Flow Capture Hood	
<input type="checkbox"/>	RE4.1.2		Diagnostic Fan Flow Using Plenum Pressure Matching	
<input type="checkbox"/>	RE4.1.3		Diagnostic Fan Flow Using Flow Grid Measurement	
			<b>Measured Airflow:</b>	
			<b>Rated Tons:</b>	
				Total CFM
				cfm/ton
<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Measured airflow is greater than the criteria in Table RE-2	<input type="checkbox"/>
			Yes is a pass	<input type="checkbox"/>
				Pass
				Fail

**MAXIMUM COOLING CAPACITY**

*Procedures for determining maximum cooling load capacity are available in RACM, Appendix RF3.*

1	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Adequate airflow verified (see adequate airflow credit)	
2	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Refrigerant charge or TXV	
3	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Duct leakage reduction credit verified	
4	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cooling capacities of installed systems are ≤ to maximum cooling capacity indicated on the Performance's CF-1R and RF-3.	
5	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If the cooling capacities of installed systems are > than maximum cooling capacity in the CF-1R, then the electrical input for the installed systems must be ≤ to electrical input in the CF-1R.	
Yes to 1, 2, and 3; and Yes to either 4 or 5 is a pass					
					<input checked="" type="checkbox"/>
					<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					Pass
					Fail

**HIGH EER AIR CONDITIONER**

*Procedures for verification are available in RACM, Appendix RI.*

1	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	EER values of installed systems match the CF-1R	
2	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	For split system, indoor coil is matched to outdoor coil	
3	<input checked="" type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Time Delay Relay Verified (If Required)	
Yes to 1 and 2; and 3 (If Required) is a pass					
					<input checked="" type="checkbox"/>
					<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					Pass
					Fail

**CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 6 of 8) CF-4R**

Project Address		Builder Name
Builder Contact	Telephone	Plan Number
HERS Rater	Telephone	Sample Group Number
Certifying Signature	Date	Sample House Number
Firm	HERS Provider	
Street Address:	City/State/Zip:	

**Copies to: BUILDER, HERS PROVIDER AND BUILDING DEPARTMENT**

**HERS RATER COMPLIANCE STATEMENT**

The house was:   Tested   Approved as part of sample testing, but was not tested

As the HERS rater providing diagnostic testing and field verification, I certify that the house identified on this form complies with the diagnostic tested compliance requirements as checked on this form.

The installer has provided a copy of CF-6R (Installation Certificate).

**FAN WATT DRAW**

*Procedures for measuring the air handler watt draw are available in RACM, Appendix RE3.2.*

<input checked="" type="checkbox"/> <b>Method For Fan Watt Draw Measurement</b>				
<input type="checkbox"/>	RE3.2.1	Portable Watt Meter Measurement		
<input type="checkbox"/>	RE3.2.2	Utility Revenue Meter Measurement		
Measured Fan watt Draw:		(enter watts here)		Watts
Measured Fan Flow (Enter total cfm from airflow verification)				cfm
Enter results of Watts/cfm:				Watts/cfm
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Calculated fan watt/cfm is equal to or lower than the fan watt/cfm draw documented in CF-1R	<input type="checkbox"/>	<input type="checkbox"/>
		Yes is a pass	Pass	Fail

**HERS RATER COMPLIANCE STATEMENT**

The house was:   Tested   Approved as part of sample testing, but was not tested

As the HERS rater providing diagnostic testing and field verification, I certify that the house identified on this form complies with the diagnostic tested compliance requirements as checked on this form.

The installer has provided a copy of CF-6R (Installation Certificate).

**MINIMUM REQUIREMENTS FOR INFILTRATION REDUCTION COMPLIANCE CREDIT**

*Procedures for field verification and diagnostic testing of infiltration reduction are available in RACM Section 3.5.*

**Diagnostic Testing Results**

	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Building Envelope Leakage (CFM @ 50 Pa) as measured by Rater:	
1.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is measured envelope leakage less than or equal to the required level from CF-1R?	
2.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is Mechanical Ventilation shown as required on the CF-1R?	
2a.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Mechanical Ventilation is required on the CF-1R (Yes in line 2), has it been installed?	
2b.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Check this box yes if mechanical ventilation is required (Yes in line 2) and ventilation fan watts are no greater than shown on CF-1R.	
3.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Check this box yes if measured building infiltration (CFM @ 50 Pa) is greater than the CFM @ 50 values shown for an SLA of 1.5 on CF-1R (If this box is checked no, mechanical ventilation is required.)	
4.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Check this box yes if measured building infiltration (CFM @ 50 Pa) is less than the CFM @ 50 values shown for an SLA of 1.5 on CF-1R, mechanical ventilation is installed and house pressure is greater than minus 5 Pascal with all exhaust fans operating.	
Pass if: a) Yes in line 1 and line 3, or b) Yes in line 1 and line2, 2a, and 2b, or c)Yes in line 1 and line 4, Otherwise Fail.			<input type="checkbox"/>	<input type="checkbox"/>
			Pass	Fail

CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 7 of 8) CF-4R		
Project Address	Builder Name	
Builder Contact	Telephone	Plan Number
HERS Rater	Telephone	Sample Group Number
Certifying Signature	Date	Sample House Number
Firm	HERS Provider	
Street Address:	City/State/Zip:	

Copies to: BUILDER, HERS PROVIDER AND BUILDING DEPARTMENT

**HERS RATER COMPLIANCE STATEMENT**

The house was:   Tested   Approved as part of sample testing, but was not tested

As the HERS rater providing diagnostic testing and field verification, I certify that the house identified on this form complies with all applicable requirements of the “High Quality Installation of Insulation” protocols as specified in the Residential ACM, Appendix RH and as checked on this form. Note that to PASS and receive compliance credit, NONE of the BOXES below may be checked “No” and the first three boxes also must be checked. Check “NA” only if the item is not part of the design of the building (i.e., single story buildings do not have rim joists or there may be no recessed can lights installed, etc.).

**REQUIREMENTS FOR “HIGH QUALITY INSTALLATION OF INSULATION” COMPLIANCE CREDIT**

- The building is wood frame construction with wall stud cavities, ceilings, and roof assemblies insulated with mineral fiber or cellulose insulation in low-rise residential buildings.
- Description of insulation, (CF-6R, formerly IC-1) signed by the installer stating: insulation manufacturer’s name, material identification, installed R-values, and for loose-fill insulation: minimum weight per square foot and minimum inches.
- Installation Certificate, (CF-6R) signed by the installer certifying that the installation meets all applicable requirements as specified in the High Quality Insulation Installation Procedures (ACM, Appendix RH).

**FLOOR**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All floor joist cavity insulation installed to uniformly fit the cavity side-to-side and end-to-end
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation in contact with the subfloor or rim joists insulated
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation properly supported to avoid gaps, voids, and compression
Yes	No	NA	
<input checked="" type="checkbox"/> <b>WALLS</b>			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wall stud cavity insulation uniformly fills the cavity side-to-side, top-to-bottom, and front-to-back
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No gaps
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No voids over 3/4” deep or more than 10% of the batt surface area.
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hard to access wall stud cavities such as; corner channels, wall intersections, and behind tub/shower enclosures insulated to proper R-Value
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Small spaces filled
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rim-joists insulated
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wall stud cavities caulked or foamed to provide an air tight envelope
Yes	No	NA	

**CERTIFICATE OF FIELD VERIFICATION & DIAGNOSTIC TESTING (Page 8 of 8) CF-4R**

Project Address

Builders Name

**✓ ROOF/CEILING PREPARATION**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All draft stops in place to form a continuous ceiling and wall air barrier
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All drops covered with hard covers
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All draft stops and hard covers caulked or foamed to provide an air tight envelope
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All recessed light fixtures IC and air tight (AT) rated and sealed with a gasket or caulk between the housing and the ceiling
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor cavities on multiple-story buildings have air tight draft stops to all adjoining attics
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eave vents prepared for blown insulation - maintain net free-ventilation area
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Knee walls insulated or prepared for blown insulation
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Area under equipment platforms and cat-walks insulated or accessible for blown insulation
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attic rulers installed
Yes	No	NA	

**✓ ROOF/CEILING BATTS**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No gaps
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No voids over 3/4 in. deep or more than 10% of the batt surface area
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation in contact with the air-barrier
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recessed light fixtures covered
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Net free-ventilation area maintained at eave vents
Yes	No	NA	

**✓ ROOF/CEILING LOOSE-FILL**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation uniformly covers the entire ceiling (or roof) area from the outside of all exterior walls
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Baffles installed at eaves vents or soffit vents - maintain net free-ventilation area of eave vent
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attic access insulated
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recessed light fixtures covered
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation at proper depth – insulation rulers visible and indicating proper depth and R-value
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loose-fill mineral fiber insulation meets or exceeds manufacturer's minimum weight and thickness requirement for the target R-value. Target R-value _____ Manufacturer's minimum required weight for the target R-value _____ (pounds-per-square foot). Sample weight _____ (pounds per square foot).
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manufacturer's minimum required thickness at time of installation _____ (inches) Manufacturer's minimum required settled thickness _____ (inches). Number of days since loose-fill insulation was installed _____ (days). At the time of installation, the insulation shall be greater than or equal to the manufacturer's minimum initial insulation thickness. If the HERS rater does not verify the insulation at the time of installation, and if the loose-fill insulation has been in place less than seven days the thickness shall be greater than the manufacturer's minimum required thickness at the time of installation less 1/2 inch to account for settling. If the insulation has been in place for seven days or longer the insulation thickness shall be greater than or equal to the manufacturer's minimum required settled thickness. Minimum thickness measured (inches).
Yes	No	NA	