

# BENTON PUD FINAL INSPECTION CHECKLIST (REEP)

## Site Built

Homeowner Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Service Address: \_\_\_\_\_ Date of Insp: \_\_\_\_\_  
Contractor Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Structure Type: \_\_\_ Single Family Site-Built \_\_\_ Multi-Family Site Built

### General Program Specifications-

1. Applicable Codes Met \_\_\_P\_\_\_F \_\_\_\_\_
2. Permanent Housing \_\_\_P\_\_\_F \_\_\_\_\_
3. Workmanlike Install \_\_\_P\_\_\_F \_\_\_\_\_
4. Installation Certificate \_\_\_P\_\_\_F \_\_\_\_\_
5. Exhaust Fan Extension \_\_\_P\_\_\_F \_\_\_\_\_
6. Knob and Tube \_\_\_P\_\_\_F \_\_\_\_\_
7. Accessible gaps sealed \_\_\_P\_\_\_F \_\_\_\_\_
8. M/H additions this spec \_\_\_P\_\_\_F \_\_\_\_\_
9. Approved Materials \_\_\_P\_\_\_F \_\_\_\_\_
10. Sound Bldg Structure \_\_\_P\_\_\_F \_\_\_\_\_
11. Written Warranty \_\_\_P\_\_\_F \_\_\_\_\_
12. Fire Barriers as reqrd \_\_\_P\_\_\_F \_\_\_\_\_
13. Approved Caulking \_\_\_P\_\_\_F \_\_\_\_\_
14. Warranty rcv'd by HP \_\_\_P\_\_\_F \_\_\_\_\_

### Ceiling Insulation-

1. R-38 \_\_\_P\_\_\_F \_\_\_\_\_
2. Airflow in Slopes \_\_\_P\_\_\_F \_\_\_\_\_
3. Knee Walls R-11 \_\_\_P\_\_\_F \_\_\_\_\_
4. Ducts Insulated \_\_\_P\_\_\_F \_\_\_\_\_
5. Access Lids R-30 \_\_\_P\_\_\_F \_\_\_\_\_
6. Water Pipes Insulated \_\_\_P\_\_\_F \_\_\_\_\_
7. Vapor Barrier Location \_\_\_P\_\_\_F \_\_\_\_\_
8. Proper Ventilation \_\_\_P\_\_\_F \_\_\_\_\_
9. Heat Prod Fixtures \_\_\_P\_\_\_F \_\_\_\_\_
10. Chimney Clearance \_\_\_P\_\_\_F \_\_\_\_\_
11. Kitchen Exhaust \_\_\_P\_\_\_F \_\_\_\_\_
12. Ext / Int Roof Insul \_\_\_P\_\_\_F \_\_\_\_\_
13. Correct Sq Ft on Bid \_\_\_P\_\_\_F \_\_\_\_\_

### Under Floor Insulation-

1. Cavities Filled / R-30 \_\_\_P\_\_\_F \_\_\_\_\_
2. Access lids R-19 \_\_\_P\_\_\_F \_\_\_\_\_
3. Ducts Insulated \_\_\_P\_\_\_F \_\_\_\_\_
4. Pony Walls R-11 \_\_\_P\_\_\_F \_\_\_\_\_
5. Water Pipes Insul \_\_\_P\_\_\_F \_\_\_\_\_
6. Contact with Floor \_\_\_P\_\_\_F \_\_\_\_\_
7. Properly Supported \_\_\_P\_\_\_F \_\_\_\_\_
8. Vapor Barrier \_\_\_P\_\_\_F \_\_\_\_\_
9. Ground Cover \_\_\_P\_\_\_F \_\_\_\_\_
10. Protection for Exp Ins \_\_\_P\_\_\_F \_\_\_\_\_
11. Ventilation \_\_\_P\_\_\_F \_\_\_\_\_
12. Exterior Perimeter \_\_\_P\_\_\_F \_\_\_\_\_
13. Correct Sq Ft on Bid \_\_\_P\_\_\_F \_\_\_\_\_

### Duct Insulation-

1. R-11, Comp Coverage \_\_\_P\_\_\_F \_\_\_\_\_

- 2. Ducts Supported           \_\_P\_\_F \_\_\_\_\_
- 3. Joints Sealed w/ Mastic   \_\_P\_\_F \_\_\_\_\_
- 4. Flame Spread Facing       \_\_P\_\_F \_\_\_\_\_
- 5. Human Contact Areas       \_\_P\_\_F \_\_\_\_\_
- 6. Insulation Supported       \_\_P\_\_F \_\_\_\_\_

**Unfinished Wall Insulation-**

- 1. Proper R-value           \_\_P\_\_F \_\_\_\_\_
- 2. Vapor Barrier            \_\_P\_\_F \_\_\_\_\_
- 3. Complete coverage       \_\_P\_\_F \_\_\_\_\_
- 4. Correct Sq Ft on Bid      \_\_P\_\_F \_\_\_\_\_

**Wall Cavity Insulation- (Blow-In)**

- 1. Proper R-value           \_\_P\_\_F \_\_\_\_\_
- 2. Empty Cavity Avail       \_\_P\_\_F \_\_\_\_\_
- 3. Insert Tube Method       \_\_P\_\_F \_\_\_\_\_
- 4. Cavities Comp filled      \_\_P\_\_F \_\_\_\_\_
- 5. Cavs w/ Pipes & Htrs      \_\_P\_\_F \_\_\_\_\_
- 6. Switch boxes clear       \_\_P\_\_F \_\_\_\_\_
- 7. Holes Plugged            \_\_P\_\_F \_\_\_\_\_
- 8. Non-Combustible@FPs     \_\_P\_\_F \_\_\_\_\_
- 9. Correct Sq Ft on Bid      \_\_P\_\_F \_\_\_\_\_

**PTCS Duct Sealing-**

- 1. Duct Test Protocol        \_\_P\_\_F \_\_\_\_\_
- 2. Pre-test leaky enough     \_\_P\_\_F \_\_\_\_\_
- 3. Proper Sealing Mtrls     \_\_P\_\_F \_\_\_\_\_
- 4. Take offs & slip joints    \_\_P\_\_F \_\_\_\_\_
- 5. Flex ducts strapped       \_\_P\_\_F \_\_\_\_\_
- 6. Accessible joints sealed   \_\_P\_\_F \_\_\_\_\_
- 7. MH crossover sealed       \_\_P\_\_F \_\_\_\_\_
- 8. Registers Sealed          \_\_P\_\_F \_\_\_\_\_
- 9. Insul Repair              \_\_P\_\_F \_\_\_\_\_
- 10. Leakage Reduction        \_\_P\_\_F \_\_\_\_\_
- 11. CAZ Testing               \_\_P\_\_F \_\_\_\_\_
- 12. CO Detector              \_\_P\_\_F \_\_\_\_\_

**Windows-**

- 1. Approved U-Value         \_\_P\_\_F \_\_\_\_\_
- 2. Proper Installation       \_\_P\_\_F \_\_\_\_\_
- 3. No increase in area       \_\_P\_\_F \_\_\_\_\_
- 4. Correct Sq Ft on pprwk    \_\_P\_\_F \_\_\_\_\_
- 5. Safety Glass if needed     \_\_P\_\_F \_\_\_\_\_
- 6. Safety Glass marked       \_\_P\_\_F \_\_\_\_\_
- 7. No free fall danger        \_\_P\_\_F \_\_\_\_\_
- 8. Security latches          \_\_P\_\_F \_\_\_\_\_
- 9. Proper labeling            \_\_P\_\_F \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Inspector:** \_\_\_\_\_ **P**  **F**  **Reinsp?** **Y**  **N**  **Approval Date:** \_\_\_\_\_