## **Insulation and Windows Program**

## Field Verification Form



I. Verification Type													
QA/QC Verification	tion												
II. Customer Information													
First Name: Last Name:				Middle Initial: Consumers Energy Acc				gy Account N	unt Number: Energy Customer Type:				
Street Address (where project was com	pleted)	):											
City: Stat		State:		ZIP:		Primary Heating and Cooling System Type:				e:			
Home Phone: Mobil			Mobile Ph	e Phone: Email				Email:	t:				
Work Performed by:	Но	use Type:		Year House Was Built:				I 2016-Present	 :	House Squo	House Square Footage:		
Date of Inspection:	Ins	pector:							Vision Project ID:				
III. Insulation Measure Performed		Pre-Existing and Type of I					Quantity		Final R-Value		Pass/Fail/NA		
Roof (Attic) Insulation								Square Feet					
Above-Grade Wall Insulation								Square Feet					
Basement Wall Insulation								Square Feet					
Crawlspace Insulation								Square Feet					
Rim Joist Insulation								Lineal Feet					
IV. Windows Installed				Total Square Feet			Quantity		U-Factor		Pa	ss/Fail/NA	
Windows				Squa	re Feet								
Sliding Glass Doors			_	Square Feet									
Health and Safety Issues:													
Comments/Notes:									Field inspector has supplied \$25 gift card to customer.  Customer has been mailed \$25 gift card (ADMIN USE ONLY).				
Customer Signature:								Do	ate:				
Inspector Signature:								Do	ate:				



V. Insert Photo Documentation Below						

Insert Photo Documentation Below						