

Insulation and Windows Program 2020 Field Verification Form



I. Verification Type

QA/QC Verification Flaw Resolution

II. Customer Information

First Name:	Last Name:	Middle Initial:	Consumers Energy Account Number:	Energy Customer Type: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Both
Street Address (where project was completed):				
City:	State:	ZIP:	Primary Heating and Cooling System Type:	
Home Phone:	Mobile Phone:		Email:	
Work Performed by: <input type="checkbox"/> Contractor <input type="checkbox"/> Homeowner	House Type:	Year House Was Built: <input type="checkbox"/> 1979 or older <input type="checkbox"/> 1980-1999 <input type="checkbox"/> 2000-Present		House Square Footage:
Date of Inspection:	Inspector:			Vision Project ID:

III. Insulation Measure Performed

	Pre-Existing R-Value and Type of Insulation	Installed R-Value and Type of Insulation Installed	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		

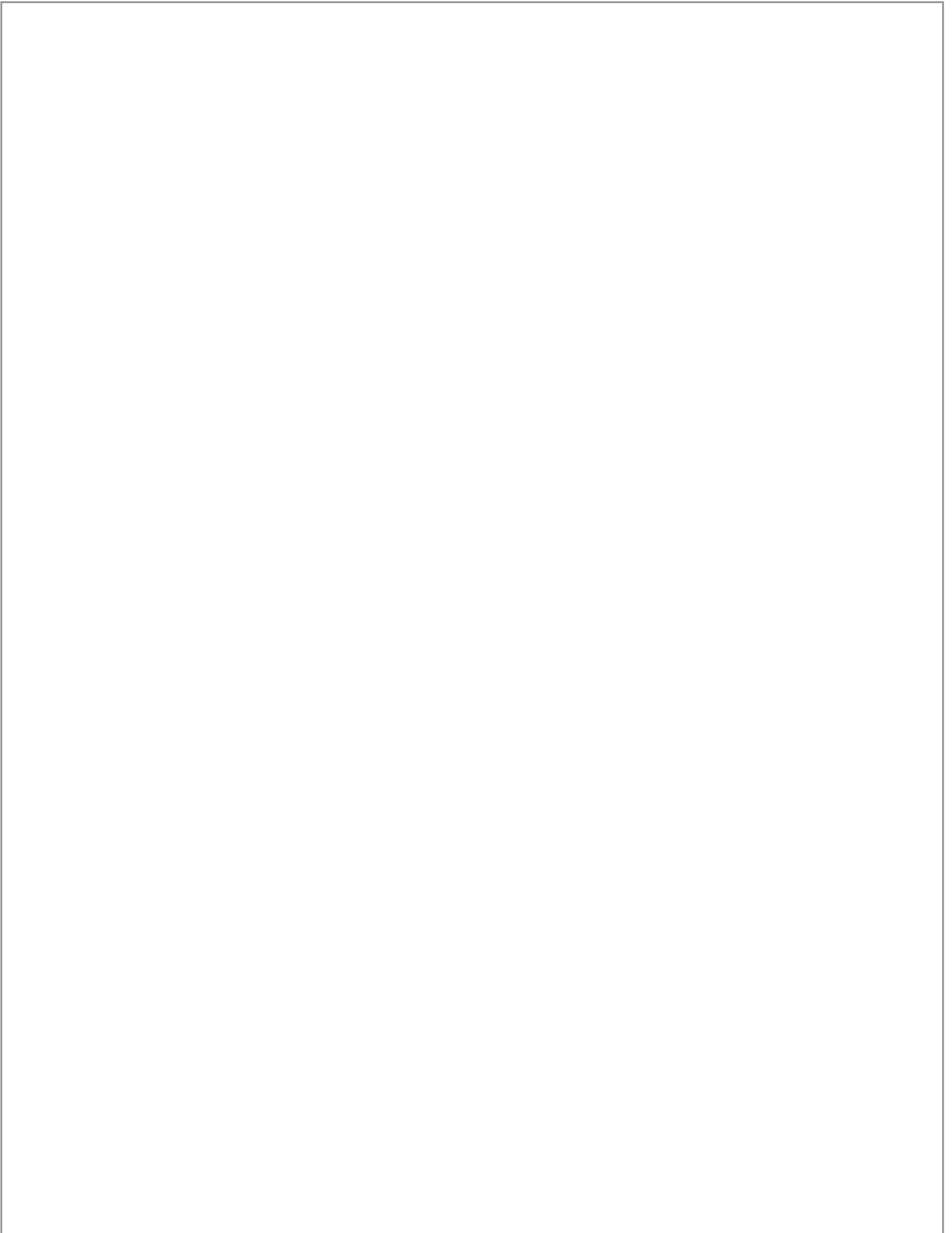
IV. Windows Installed

	Total Square Feet	Quantity	U-Factor	Pass/Fail/NA
Windows	_____ Square Feet			
Sliding Glass Doors	_____ Square Feet			

Health and Safety Issues: _____

- Field inspector has supplied \$25 gift card to customer.
- Customer has been mailed \$25 gift card (ADMIN USE ONLY).
Initial: _____

VII. Insert Photo Documentation Below



Insert Photo Documentation Below

