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|  | | Energy Education Certification YVEDDI Weatherization Assistance Program | |
| Job Number: | | | |
| Participant Name: | |  | |
| Date: | |  | |
| Basic Energy Information Reviewed With Each Program Participant | | | |
|  | Home Energy Use | | |
|  | Average Monthly Appliance Cost | | |
|  | Heating and Cooling Tips | | |
|  | Cooking Tips | | |
|  | Refrigerator/Freezer Tips | | |
|  | Lighting Tips | | |
|  | Carbon Monoxide | | |
|  | Smoke Alarms | | |
|  | Lead-Based Paint | | |
|  | Mold and Mildew | | |
| Weatherization Measures To Be Completed: | | | |
|  | Safety check/clean/tune of heating systems and appliances | | |
|  | Replace heating system | | |
|  | Duct Sealing | | |
|  | General Airy Sealing | | |
|  | Insulation of attic/ceiling | | |
|  | Insulation of sidewalls | | |
|  | Insulation of floor/bellyboard | | |
|  | Smart Thermostat | | |
|  | Hot water tank insulation | | |
|  | Hot water pipe insulation | | |
|  | Lighting-LED Bulbs | | |
|  | Low flow shower head | | |
|  | Furnace Filters | | |
| *I certify that the above named participant has received energy education. During my educational visit, I explained the following information and reviewed the energy saving tips listed:* | | | |
| Energy Educator Signature: | | |  |
| Date: | | |  |
| *I certify that the Energy Educator has reviewed the following topics with me.* | | | |
| Participant Signature: | | |  |
| Date: | | |  |