Clark Public Utilities

FLR-CKLST Rev. 8/22

ON-SITE FLOOR INSULATION INSPECTION SHEET

Installation Site and Customer Information

Customer Name:		Customer Phone:	
Site Address:	City:	State:	Zip:

The checklist below is to be completed on-site by a representative from the installation company:

☑ = Completed
NA = Not Applicable

1.	**Before work**: All scrap materials removed from the crawlspace. Plumbing or sewer leaks repaired. Standing water in the crawlspace drained. Bulk water problems repaired.	6.1	
2.	**Ground-moisture barrier**: Approved materials used, no soil left exposed, seams overlap by 12".	6.1.3	
3.	**Foundation vents**: Total net free area not less than 1 sqft per 150 sqft of underfloor area. (Code official or utility rep may have reduced ratio to 1/1500 for dry soils.)	6.1.4	
4.	**Vent openings**: Located close to corners and provide cross ventilation in crawl space. Vent openings covered with corrosion-resistant wire mesh with openings not more than 1/4" in width or length.	6.1.4	
5.	**Dryer exhaust ducts:** Existing ducts vented to outdoors, have a back-draft damper, and terminate in a code-approved vent cap. New ducts are rigid metal, securely connected with metal clamps, not screws, and permanently supported. Exhaust systems comply with local code and manufacturer specifications, don't exceed 25 feet, are as straight as practical, and slope downward toward the termination fitting.	6.1.1	
6.	**Inside access doors and hatches**: Weatherstripped. Fiberglass batts attached to door with staples and twine. As much of the door as possible is insulated without affecting the door operation. Fiberglass batts covered with a vapor permeable air barrier material when regular access by people occurs.	6.1.6	
7.	**External access hatches:** Fasteners/hinges made from corrosion-resistant materials, horizontal hatches shed water away from foundation, wood in contact with ground is moisture- and rot-resistant, existing access covers in good condition, weather- and vermin-resistant.	6.1.7	
8.	**Batt insulation**: Cut to fit around obstructions. No gaps or voids. Full contact with sub-floor. Vapor-retarder (if present) installed against floor sheathing. Approved supports installed at min. spacing.	6.3.1	
9.	**Blown insulation**: Insulation restrainer installed securely to floor joists. Approved insulation material installed in full contact with sub-floor.	6.3.2	
10.	**Spray foam insulation**: Meets ignition barrier requirements of local building officials.	6.3.3	
11.	**Vertical walls**: Insulated to min. R-value and air-sealed between conditioned and unconditioned spaces.	6.3.4	

Notes:

By signing below, I certify that the items marked as completed on this checklist were completed for this site.

Installation Company Rep ***Signature***	*Installation Company Rep* ***Printed Name***	Date of On-Site Inspection
Installation Company Name:	Phone:	

↓↓↓ UTILITY USE ONLY ↓↓↓

Notes:	**PASS or FAIL**
Utility Inspector Signature:	Date: