

|  |                            |                          |
|--|----------------------------|--------------------------|
| <b>INSTALLATION CERTIFICATE</b>  |                            | <b>CF-6R-ENV-21-HERS</b> |
| <b>Quality Insulation Installation (QII) - Framing Stage Checklist</b> |                            | <b>(Page 1 of 2)</b>     |
| <b>Site Address:</b>   | <b>Enforcement Agency:</b> | <b>Permit Number:</b>    |

**Quality Insulation Installation (QII) Framing Stage Checklist**

*Air barrier and preparation for insulation verification inspection must be done at framing stage before insulation is installed. If there are any "No" answers rows not filled out or signatures missing then this is not valid form and cannot be accepted by the building department or HERS rater. If spray foam is used, then an air barrier is not required and NA would be checked. QII credit not allowed if any steel framing in the building including structural framing (Hardy Frame etc).*

|                              |                          |                          |   |
|------------------------------|--------------------------|--------------------------|---|
| <b>✓ FLOOR AIR BARRIER</b>   |                          |                          |   |
| <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | All gaps in the raised floor to unconditioned space or to outside larger than 1/8" filled with foam or caulk. (NA if SPF)   |
| Yes                          | No                       | NA                       |   |
| <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | All openings on a second floor including under a tub where the drain penetrates the floor are sealed  |
| Yes                          | No                       | NA                       |   |
| <b>✓ WALLS AIR BARRIER</b>   |                          |                          |   |
| <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | All gaps in wall exterior sheathing to unconditioned space or to outside larger than 1/8" filled with foam or caulk. (NA if SPF)  |
| Yes                          | No                       | NA                       |   |
| <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | No gaps in sheathing against the garage, attic, or covered patio. All gaps larger than 1/8" filled with foam or caulk. (NA if SPF)  |
| Yes                          | No                       | NA                       |   |
| <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | All gaps in Rim-joists in interior and exterior walls to the outside including holes drilled for electrical and plumbing larger than 1/8" filled with foam or caulk. (NA if SPF)  |
| Yes                          | No                       | NA                       |   |
| <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Rope caulk, foam gasket, or caulking bead around the entire sole plate of the home  |
| Yes                          | No                       | NA                       |   |
| <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | All gaps around the windows are caulked or foamed (stuffing with fiberglass not acceptable)   |
| Yes                          | No                       | NA                       |   |
| <b>✓ ATTIC INSPECTION</b>    |                          |                          |   |
| <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Attic rulers appropriate to the material installed <b>evenly</b> throughout the attic to verify depth. (NA if SPF or batt)  |
| Yes                          | No                       | NA                       |   |
| <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Attic area (sqft) _____ ÷ 250 = _____ minimum number of rulers installed. Must round up. Number of rulers actually installed _____ (NA if SPF or batt)  |
| Yes                          | No                       | NA                       |   |
| <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | ALL rulers visible from attic access. (NA if SPF or batt)   |
| Yes                          | No                       | NA                       |   |
| <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Eave vents baffles installed at all eave vents to prevent air movement under or into insulation. (NA if SPF)  |
| Yes                          | No                       | NA                       |   |
| <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | Area of eave vent baffle is the same or larger than the net free-ventilation area of the eave vent. (NA if SPF)   |
| Yes                          | No                       | NA                       |   |
| <b>✓ CEILING AIR BARRIER</b> |                          |                          |   |
| <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | All draft stops in place to form a continuous ceiling air barrier no gaps larger than 1/8". (NA if SPF)   |
| Yes                          | No                       | NA                       |   |
| <input type="checkbox"/>     | <input type="checkbox"/> | <input type="checkbox"/> | All drops covered with hard covers. Gaps around or in the hard cover larger than 1/8" filled with foam or caulk. (NA if SPF).   |
| Yes                          | No                       | NA                       |   |
| <input type="checkbox"/>     | <input type="checkbox"/> |                          | All recessed light fixtures in non conditioned space are IC rated and air tight (AT)  |
| Yes                          | No                       |                          |   |
| <input type="checkbox"/>     | <input type="checkbox"/> |                          | All recessed light fixtures are sealed with a gasket or caulk between the housing and the ceiling   |
| Yes                          | No                       |                          |   |
| <input type="checkbox"/>     | <input type="checkbox"/> |                          | Openings around flue shafts fully sealed with solid blocking or flashing and any remaining gaps sealed with fire-rated caulk or sealant.  |
| Yes                          | No                       |                          |   |
| <input type="checkbox"/>     | <input type="checkbox"/> |                          | Piping shaft openings fully sealed and caulked  |
| Yes                          | No                       |                          |   |
| <input type="checkbox"/>     | <input type="checkbox"/> |                          | Penetrations from wiring in interior walls, electrical boxes, fire alarms etc. sealed with caulk or sealant   |
| Yes                          | No                       |                          |   |
| <input type="checkbox"/>     | <input type="checkbox"/> |                          | All duct chases, fireplace chases, and double walls sealed air tight at the ceiling level. All gaps into shafts larger than 1/8" filled with foam or caulk. Special attention paid to ducts entering shafts from ceiling. |
| Yes                          | No                       |                          |   |

|  |                     |                          |
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| Site Address:  | Enforcement Agency: | Permit Number:           |

|   |                                |                                |  |
|---|--------------------------------|--------------------------------|--|
| <b>✓ GARAGE /CEILING AIR BARRIER FOR TWO STORIES (no conditioned space over garage)</b> |                                |                                |  |
| <input type="checkbox"/><br>Yes   | <input type="checkbox"/><br>No | <input type="checkbox"/><br>NA | Air barrier installed at joists in garage to house transition (between floors). No gaps larger than 1/8" allowed. Use of SPF satisfies the requirement to seal the gaps.   |
| <b>✓ GARAGE /CEILING AIR BARRIER FOR TWO STORIES (conditioned space over garage)</b>    |                                |                                |  |
| <input type="checkbox"/><br>Yes   | <input type="checkbox"/><br>No | <input type="checkbox"/><br>NA | If insulation is to be installed at subfloor then subfloor has no gaps over 1/8". Air barrier installed at joists in garage to house transition (between floors). Use of SPF satisfies the requirement to seal the gaps. |
| <input type="checkbox"/><br>Yes   | <input type="checkbox"/><br>No | <input type="checkbox"/><br>NA | If insulation is to be installed at ceiling of garage then ceiling and joists to the outside have no gaps over 1/8". (NA if SPF or no conditioned space over garage.)  |

**DECLARATION STATEMENT**

- I certify under penalty of perjury, under the laws of the State of California, the information provided on this form is true and correct.
- All rows in this document have been checked and all answers are yes or NA
- I am eligible under Division 3 of the Business and Professions Code to accept responsibility for construction, or an authorized representative of the person responsible for construction (responsible person).
- I certify that the installed features, materials, components, or manufactured devices identified on this certificate (the installation) conforms to all applicable codes and regulations, and the installation is consistent with the plans and specifications approved by the enforcement agency.
- I understand that a HERS rater will check the installation to verify compliance, and that that if such checking identifies defects, I am required to take corrective action at my expense. I understand that Energy Commission and HERS provider representatives will also perform quality assurance checking of installations, including those approved as part of a sample group but not checked by a HERS rater, and if those installations fail to meet the requirements of such quality assurance checking, the required corrective action and additional checking/testing of other installations in that HERS sample group will be performed at my expense.
- I reviewed a copy of the Certificate of Compliance (CF-1R) form approved by the enforcement agency that identifies the specific requirements for the installation. I certify that the requirements detailed on the CF-1R that apply to the installation have been met.
- **I will ensure that a completed, signed copy of this Installation Certificate shall be posted, or made available with the building permit(s) issued for the building, and made available to the enforcement agency for all applicable inspections. I understand that a signed copy of this Installation Certificate is required to be included with the documentation the builder provides to the building owner at occupancy.** I will ensure that all Installation Certificates will come from a HERS provider data registry for multiple orientation alternatives, and beginning October 1, 2010, for all low-rise residential buildings.

|   |                                 |                                |
|---|---------------------------------|--------------------------------|
| Company Name: (Installing Subcontractor or General Contractor or Builder/Owner) |                                 |                                |
| Responsible Person's Name:  | Responsible Person's Signature: |                                |
| CSLB License:   | Date Signed:                    | Position With Company (Title): |