NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS WEATHERIZATION ASSISTANCE PROGRAM

Monitor Final Inspection Report

Agency: _____ Grant: _____ Report Period: _____

Grant Year: _____ Invoice # : _____

JOB#	APPLICANTS NAME	INSP. DATE	UNIT PASSED	Comments (Please indicate if unit failed, and if so why)

Total # of units reported:	**0**	**Total of file inspection:**	**0**
Total # of units inspected:	**0**	**Total # of file failures:**	**0**
Inspection percentage:	**#DIV/0!**	**Total file failures percentage:**	**#DIV/0!**
Total # of field failures:	**0**	**Total # of rework units:**	**0**
Field failures percentage:	**#DIV/0!**	**Total # of Reweatherized units:**	**0**

Note:

I, the DCA monitor, certify that the above listed units have received final inspection by me on the date indicated.

Signature of State Monitor: **Date:**