

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: _____	Total of file inspection: _____
Total # of units inspected: _____	Total # of file failures: _____
Inspection percentage: _____	Total file failures percentage: _____
Total # of field failures: _____	Total # of rework units: _____
Field failures percentage: _____	Total # of Reweatherized units: _____

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: _____