

Hazard Identification Notification

Client Name: _____

File ID: _____

Address: _____ **Job#:** _____

Date of Assessment: _____ (Notice must be provided to client within 7 days of audit)

The following observed condition(s) represent all identified health and safety hazards found during the energy audit at the above reference address. The New Jersey Weatherization Assistance Program (NJ WAP) services cannot continue until these condition(s) are corrected as described below. The WAP agency will send professional contractors to test and/or write up proposals for the work scope. If a positive asbestos result is verified in vermiculite insulation and/or corrective measure cost(s) exceed allowable program expenditures the NJ WAP will have to defer the home for services.

Description of Condition	Correction Required for WAP	Test Results

If the NJ WAP cannot repair these items with WAP health & safety program funds, the home will have to be deferred (*Client must sign and be provided with the Deferral Form with referrals, where possible*). If so, the health and safety hazardous conditions will therefore have to be resolved by the homeowner by a licensed professional prior to NJ WAP continuing work in your home.

I hereby understand and have been informed of any hazardous identified conditions within my home and that those condition(s) may or may not be resolved by the NJ WAP agency.

Client's Printed Name: _____

Client's Signature: _____ **Date:** _____