

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:		0	Total file failures percentage: 0	
Total # of field failures:		0	Total # of rework units: 0	
Field failures percentage:		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: