

**State of North Dakota
Weatherization Assistance Program
Estimator Field Form**

Name:		Job#		Date:					
Name:			Phone 1:		Phone 2:				
Address:			Town:						
Directions:									
Audited by:		Number of occupants:		Number of rooms:					
<i>Conditioned Building Specs.</i>		Building Age:		<i>Building Type:</i>					
:		x		x					
:		x		x					
:		x		x					
:		x		x					
:		x		x					
				Mobile home					
				1 story					
				1 ½ stories					
				2 stories					
				2 ½ stories					
POLLUTION/MOISTURE ASSESSMENT									
CLIENT		MOISTURE		MOLD/MILDEW		OTHER HAZARDS			
Smokers		Dirt Floor		Kitchen Vent		Crawlspace		Lead Paint	
Fatigue		Standing Water		Bathroom Vent		Basement		Asbestos	
Asthma		Sump Pump		Sill Rot		Bathroom		Radon	
Bronchitis		Water Staining		Roof Leaks		Kitchen		Unsafe Wiring	
Respiratory problems		Firewood		Gutters		Attic		Carbon Monoxide	
Flu Symptoms		Clothes Drying		Plumbing Leaks		Windows		Unvented Combustion	
Dehumidifier		Dryer Not Vented		Aquarium		Ceiling			
Humidifier		Unvented Heater		Firewood		Walls			
Is there a need for mechanical ventilation?									

