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| --- | --- |
| **Report Date** | **Report By:** |
| Homeowner |  |
| Address |  |
| Consult Type | Email / In Person |
| & Date(s) | Telephone |
| **Purpose(s) of Meeting** |
| Service(s) Undertaken | Observations Recommendations |
| **a. Visual Inspection** |
| Attic |  |
| Basement  |  |
| Crawlspace |  |
| Equipment |  |
| **b. Diagnostic Testing** |
| Blower Door |  |
| Combustion |  |
| Testing |  |
| **c. Written Materials Review** |
| Audit Report |  |
| Proposal |  |
| **d. Other** |
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