

Site Address	Permit Number
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Insulation Installation Quality Certificate

- ✓ Description of Insulation, (CF-6R, formerly IC-1) signed by the installer stating: insulation manufacturer’s name, material identification, installed R-values, and for loose-fill insulation: minimum weight per square foot and minimum inches
- ✓ Installation meets all applicable requirements as specified in the High Quality Insulation Installation Procedures (ACM, Appendix RH)

✓ FLOOR			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All floor joist cavity insulation installed to uniformly fit the cavity side-to-side and end-to-end
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation in contact with the subfloor or rim joists insulated
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation properly supported to avoid gaps, voids, and compression
Yes	No	NA	
✓ WALLS			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Wall stud cavities caulked or foamed to provide an air tight envelope</i>
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wall stud cavity insulation uniformly fills the cavity side-to-side, top-to-bottom, and front-to-back
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No gaps
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No voids over 3/4" deep or more than 10% of the batt surface area.
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hard to access wall stud cavities such as; corner channels, wall intersections, and behind tub/shower enclosures insulated to proper R-Value
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Small spaces filled
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rim-joists insulated
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loose fill wall insulation meets or exceeds manufacturer's minimum weight-per-square-foot requirement
Yes	No	NA	
✓ ROOF/CEILING PREPARATION			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All draft stops in place to form a continuous ceiling and wall air barrier
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All drops covered with hard covers
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All draft stops and hard covers caulked or foamed to provide an air tight envelope
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All recessed light fixtures IC and air tight (AT) rated and sealed with a gasket or caulk between the housing and the ceiling
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor cavities on multiple-story buildings have air tight draft stops to all adjoining attics
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eave vents prepared for blown insulation - maintain net free-ventilation area
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Knee walls insulated or prepared for blown insulation
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Area under equipment platforms and cat-walks insulated or accessible for blown insulation
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attic rulers installed
Yes	No	NA	

INSTALLATION CERTIFICATE**(Page 11 of 12) CF-6R**

Site Address

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✓ ROOF/CEILING BATTS

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No gaps
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No voids over ¼ in. deep or more than 10% of the batt surface area.
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation in contact with the air-barrier
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recessed light fixtures covered
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Net free-ventilation area maintained at eave vents</i>
Yes	No	NA	

✓ ROOF/CEILING LOOSE-FILL

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation uniformly covers the entire ceiling (or roof) area from the outside of all exterior walls.
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Baffles installed at eaves vents or soffit vents - maintain net free-ventilation area of eave vent
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attic access insulated
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recessed light fixtures covered
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation at proper depth – insulation rulers visible and indicating proper depth and R-value
Yes	No	NA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Loose-fill insulation meets or exceeds manufacturer's minimum weight and thickness requirements for the target R-value. Target R-value _____. Manufacturer's minimum required weight for the target R-value _____ (pounds-per-square-foot). Manufacturer's minimum required thickness at time of installation _____. Manufacturer's minimum required settled thickness _____. Note: To receive compliance credit the HERS rater shall verify that the manufacturer's minimum weight and thickness has been achieved for the target R-value. (CF-6R only)</i>
Yes	No	NA	

DECLARATION

✓ I hereby certify that the installation meets all applicable requirements as specified in the Insulation Installation Procedures.

Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner	
Signature:	Date:

Copies to: **BUILDING DEPARTMENT, HERS RATER (IF APPLICABLE), BUILDING OWNER AT OCCUPANCY**

INSTALLATION CERTIFICATE**(Page 12 of 12) CF-6R**

Site Address _____

Permit Number _____

County Subdivision _____

Lot Number _____

Description of Insulation (Formerly IC-1 Form)

1. RAISED FLOOR

Material _____

Thickness (inches) _____

Brand Name _____

Thermal Resistance (R-Value) _____

2. SLAB FLOOR/PERIMETER

Material _____

Thickness (inches) _____

Perimeter Insulation Depth (inches) _____

Brand Name _____

Thermal Resistance (R-Value) _____

3. EXTERIOR WALL

Frame Type _____

A. Cavity Insulation

Material _____

Thickness (inches) _____

Brand Name _____

Thermal Resistance (R-Value) _____

B. Exterior Foam Sheathing

Material _____

Thickness (inches) _____

Brand Name _____

Thermal Resistance (R-Value) _____

4. FOUNDATION WALL

Material _____

Thickness (inches) _____

Brand Name _____

Thermal Resistance (R-Value) _____

5. CEILING

Batt or Blanket Type _____

Thickness (inches) _____

Loose Fill Type _____

Contractor's min installed weight/ft² _____ lb

Manufacturer's installed weight per square foot to achieve Thermal Resistance (R-Value) _____

Brand Name _____

Thermal Resistance (R-Value) _____

Brand _____

Minimum thickness _____ inches

6. ROOF

Material _____

Thickness (inches) _____

Brand Name _____

Thermal Resistance (R-Value) _____

Declaration

✓ I hereby certify that the above insulation was installed in the building at the above location in conformance with the current *Energy Efficiency Standards* for residential buildings (Title 24, Part 6, California Code of Regulations) as indicated on the Certificate of Compliance, where applicable.

Item #s (if applicable)	Signature _____	Date _____	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
Item #s (if applicable)	Signature _____	Date _____	Installing Subcontractor (Co. Name) OR General Contractor (Co. Name) OR Owner OR Window Distributor
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