Work Order (Bid Form)

WORK ORDER INFORMATION

Work Order Name:
Work Order Type: Weatherization
Audit Name: MCNAIRY

CLIENT INFORMATION

Client Name:
Client ID:
Alt. Client ID: 16016SW-0389

Address:

AGENCY INFORMATION

Agency: SWHRA
Address: 1574 White AVE
Henderson, TN

Agency Contact: Oliver, Jerry

Agency Phone: (731) 989-5111
Fax:
Email Address:

Work Phone:
Cell Phone:
Email Address:

Company Name & License Number: _____

Contractor's Signature: _____

COMMENT

NOTICE:

All work performed and material must meet all requirements as stated in the Southeast Weatherization Field Guide. It is the contractor's responsibility to pull all necessary permits required for the town or county where the work is being performed. No change order work shall be done until the change order has been approved and signed. If heater is required no air sealing should be done before heater is installed.

731-934-7344

Measures

Measure 1 **Infiltration Redctn** — **Components** — **Inspected** ☐

Comment

#	Material / Labor	Description / Comment	Units	Estimated Qty	Estimated Unit Cost	Estimated Total	Actual Qty	Actual Unit Cost	Actual Total
1	Construction Materials/Hardware	Seal behind washer and dryer,Sseal 2 holes in hall closet by washer and dryer back of tub. Seal navity in bath	Each	1					
2	Labor	Labor	Hour						
3	Construction Materials/Hardware	Seal flu in back bedroom and breaker box,Seal pipes to water heater, Seal exhaust vent over cook stove	Each	1					
4	Labor	Labor	Hour						
5	Construction Materials/Hardware	Seal pipes under kitchen sink,Seal around AC units on wall	Each	1					
6	Labor	Labor	Hour						
7	Construction Materials/Hardware	Caulk all windows inside and out and replace broke glass in E3 window	Each	1					
8	Labor	Labor	Hour						

Other Detail

Measure Sub Total: ☐ **Sub Total:** ☐

Field Notes:

Measure 2 DWH Pipe Insulation

Components | **Inspected**

Comment

#	Material / Labor	Description / Comment	Units	Estimated Qty	Estimated Unit Cost	Estimated Total	Actual Qty	Actual Unit Cost	Actual Total
1	Insulation	DHW Pipe Insulation	Each	1					
2	Labor	Labor	Each	1					

Other Detail

Measure Sub Total: **Sub Total:**

Field Notes:

Measure 3 Attic Ins. R-30

Components A1 | **Inspected**

Comment

#	Material / Labor	Description / Comment	Units	Estimated Qty	Estimated Unit Cost	Estimated Total	Actual Qty	Actual Unit Cost	Actual Total
1	Insulation	Attic Insulation - Blown Cellulose - Add 10 inches	SqFt	1026					
2	Labor	Labor	Hour	1026					
3	Miscellaneous Supplies	Install new pull down stairs and insulated cover.	Each	1					

Other Detail

Measure Sub Total: **Sub Total:**

Field Notes:

Measure 4 Storm Windows

Components N1,E1,E3,E2,W1,W3,W4,S1,S2

Inspected ☐

Comment

#	Material / Labor	Description / Comment	Units	Estimated Qty	Estimated Unit Cost	Estimated Total	Actual Qty	Actual Unit Cost	Actual Total
1	Windows	Storm Window	Each	9					
2	Labor	Labor	Hour						

Other Detail

Measure Sub Total: ☐ **Sub Total:** ☐

Field Notes:

Measure 5 CO Monitor is Needed

Components

Inspected ☐

Comment

#	Material / Labor	Description / Comment	Units	Estimated Qty	Estimated Unit Cost	Estimated Total	Actual Qty	Actual Unit Cost	Actual Total
1	Health and Safety Items	CO monitor	Each	1					
2	Labor	Labor	Hour	1					

Other Detail

Measure Sub Total: ☐ **Sub Total:** ☐

Field Notes:

Measure 6 Fix Any Other Heating System Problem *Components*

Inspected ☐

Comment Place heater on south wall under AC unit.
Remove non-vented heaters thast do not have a oxygen depletion sensor.

#	*Material / Labor*	*Description / Comment*	*Units*	*Estimated* Qty	*Estimated* Unit Cost	*Estimated* Total	*Actual* Qty	*Actual* Unit Cost	*Actual* Total
1	Health and Safety Items	Direct Vent 35-40 KBTU Propane heater	Each	1					
2	Labor	Labor	Hour	1					

Other Detail

Measure Sub Total: ☐ ***Sub Total:*** ☐

Field Notes:

Measure 7 Smoke Detector is Needed *Components*

Inspected ☐

Comment

#	*Material / Labor*	*Description / Comment*	*Units*	*Estimated* Qty	*Estimated* Unit Cost	*Estimated* Total	*Actual* Qty	*Actual* Unit Cost	*Actual* Total
1	Health and Safety Items	Smoke detector	Each	1					
2	Labor	Labor	Hour	1					

Other Detail

Measure Sub Total: ☐ ***Sub Total:*** ☐

Field Notes:

Work Order Grand Total: ☐ ***Grand Total:*** ☐