

# School Facility Insulation Assessment Checklist

Date:

Assessor Name:

Facility/Building Name:

Location:

## General Assessment

Item	Inspected	Satisfactory	Needs Improvement	Comments
Roof Insulation				
Wall Insulation				
Floor Insulation				
Windows (Glazing/Seals)				
Doors (Seals/Insulation)				
Pipes/Ducts Insulation				
Ceiling Spaces				

## Evidence of Issues

Area	Issue Identified (e.g., draft, condensation, gaps, moisture)	Action Required	Comments

Additional Notes/Recommendations: