**Prescriptive Duct Sealing and Insulation Installation Checklist**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Site Information | | | | Install Date: | | | | | |
| Participant Name: | | | | Participant Phone: |  | | | | |
| Site Address: | | City: | | State: | Zip: | | | | |
|  | | | | | | | Installer | Foreman | Inspector |
|  | Accessible ducts: Repaired and/or replaced; large holes and gaps covered with sheet metal; take-offs and slip joints fastened with screws. | | | | | |  |  |  |
|  | Duct supports: Flexible-duct supports at least 1.5” wide, every 4’ along duct, within 3’ of each connection to a hard duct. Supports don’t restrict airflow. | | | | | |  |  |  |
|  | Flexible ducts: Joined to rigid-duct sections of the same diameter. Inner/outer linings fastened with straps. Tape remains only if compression straps maintains permanent connection. | | | | | |  |  |  |
|  | Ground contact: Ducts supported above the ground or closed-cell rigid insulation placed under ducts. | | | | | |  |  |  |
|  | Accessible ducts/plenums: Loose tape removed prior to sealing. All accessible gaps sealed with mastic. Gaps over 1/4” reinforced with mesh tape. UL-181 tape only used on the air handler cabinet. Remaining secured tape covered with mastic, at least 1/8” thick and at least 1/2” beyond the tape edge. | | | | | |  |  |  |
|  | Duct boots: Mechanically fastened to subfloor and sealed with silicone, pliable mastic, or other UL-181 listed sealant. | | | | | |  |  |  |
|  | Duct return: Sealed if it is easily accessible and in an unconditioned space. | | | | | |  |  |  |
|  | Removed duct insulation: Re-installed and securely fastened to duct system. | | | | | |  |  |  |
|  | CO Alarms: Installed if a combustion appliance is present in the house, garage, or other attached space. CO alarm is UL listed, C-UL listed, or equivalent, and installed in accordance with manufacturer’s instructions. | | | | | |  |  |  |
| Notes: | | | | | | | | | |
| By signing below, I certify that the items marked as completed on this checklist were completed for this site. | | | | | | | | | |
| Installation Company Representative: | | | | | | Date: | | | |
| Contractor Name: | | | Phone: | | | | | | |