



## Sign off for work performed on ceilings and attics.

\*\*\* Please complete a separate sign off for each area. Detail if existing insulation was removed or remains. \*\*\*

Date: \_\_\_\_\_ House ID #: \_\_\_\_\_

Civic address: \_\_\_\_\_

Location of attic space: \_\_\_\_\_

Approximate square foot of area: \_\_\_\_\_

I hereby confirm that the following to be accurate and true.

**Prior to my work**

**After I completed insulating the area**

Approx. R-Value	Inches	Insulation type	Original removed	Inches	Approx. R-Value
		Uninsulated			
		Cardboard			
		Wood Chips			
		Vermiculite			
		Cellulose			
		Fiberglass Batt			
		Fiberglass Blown			
		RockWool Batt			
		EPS Type 1 2 3			
		XPS Type 2 3 4			
		Polyiso/Polyurethane			
		Spray Foam Open			
		Spray Foam Closed			
		Other			

Is this space adequately vented and if not why:

Notes:

Name of person verifying: \_\_\_\_\_

Verification Signature: \_\_\_\_\_

NRG Inspections & Consulting  
 BOX 33121  
 Regina, SK S4T 7X2  
 1.833.895.1333