

# Attic Ventilation Compliance Checklist

Date: \_\_\_\_\_

To: \_\_\_\_\_

From: \_\_\_\_\_

## Project Details

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

## Compliance Checklist

Item	Compliance Status (Yes/No)	Comments
Proper intake ventilation installed	_____	_____
Exhaust ventilation installed in accordance with local codes	_____	_____
Ventilation area meets the 1:150 rule	_____	_____
No obstructions in vents	_____	_____
Insulation kept clear of exhaust vents	_____	_____

## Conclusion

By signing below, the builder confirms that the attic ventilation has been inspected and complies with the necessary standards.

Builder Signature: \_\_\_\_\_

Date: \_\_\_\_\_