



Air Barrier Installation Checklist

Project Information & Preparation

Details regarding project specifics, pre-installation site assessment, and material verification.

Project Name

Write something...

Project Address

Write something...

Planned Installation Date

Enter date...

Project Square Footage (approximate)

Enter a number...


Air Barrier System Type

- ☐ Fluid-Applied
- ☐ Membrane
- ☐ Spray-Applied
- ☐ Housewrap
- ☐ Other

Project Specific Notes & Requirements

Write something...

Approved Shop Drawings

 Upload File

Substrate Assessment & Preparation

Verification of substrate conditions and necessary preparations for proper air barrier adhesion and performance.

Describe Substrate Type (e.g., sheathing, concrete, OSB)

Write something...

Substrate Moisture Content (%)

Enter a number...

Substrate Condition (e.g., Clean, Dusty, Contaminated)

- ☐ Clean
- ☐ Dusty
- ☐ Contaminated
- ☐ Damaged

Describe any substrate contaminants or damage.

Write something...

Substrate Preparation Required (check all that apply)

- ☐ Cleaning
- ☐ Priming
- ☐ Repairing
- ☐ De-nailing
- ☐ Sanding

Date of Substrate Preparation

Enter date...

Notes on Substrate Preparation (e.g., primer type, repair method)

Write something...

Air Barrier Material Installation

Detailed steps for the application of the selected air barrier material, including overlaps, seams, and fastener placement.

Air Barrier Material Type Verified?

- ☐ Fluid-Applied Membrane
- ☐ Self-Adhesive Membrane
- ☐ Housewrap
- ☐ Spray-Applied Foam
- ☐ Other (Specify)

Material Manufacturer and Product Name

Write something...

Material Application Thickness (if applicable)

Enter a number...

Application Method(s) Used?

- ☐ Roller
- ☐ Spray
- ☐ Brush
- ☐ Other (Specify)

Overlap Width (inches)

Enter a number...

Notes on Application Conditions (Temperature, Humidity)

Write something...

Direction of Overlap Established?

☐ Yes

☐ No

Areas of Difficult Application (if any, explain)

Write something...

Seam & Joint Treatment

Specific procedures for sealing air barrier seams, joints, and penetrations to prevent air leakage.

Air Barrier Seam Treatment Method

☐ Taping

☐ Liquid Seam Filler

☐ Mechanical Fastening

☐ Manufacturer's Recommended Method

Description of Seam Treatment Applied

Write something...

Seam Overlap Width (inches)

Enter a number...

Seam Treatment Areas Verified

- ☐ Wall-to-Wall
- ☐ Wall-to-Floor
- ☐ Wall-to-Roof
- ☐ Around Openings

Seam Filler Compatibility (if applicable)

- ☐ Compatible
- ☐ Not Verified
- ☐ Incompatible - Requires Alternate Method

Observations/Notes regarding seam treatment

Write something...

Penetration Sealing

Proper sealing of all penetrations (windows, doors, pipes, electrical conduits, etc.) to maintain air barrier integrity.

Penetration Sealing Method

- ☐ Caulking
- ☐ Flashing
- ☐ Membrane Patching
- ☐ Spray Foam
- ☐ Other (Specify in LONG_TEXT)

Specify 'Other' Sealing Method (if applicable)

Write something...

Number of Penetrations Sealed

Enter a number...

Photographic Evidence of Penetration Sealing

 Upload File

Sealing Material Used (e.g., Caulk Type, Membrane)

- ☐ Polyurethane Caulk
- ☐ Silicone Caulk
- ☐ Butyl Tape
- ☐ Self-Adhering Membrane
- ☐ Spray Foam (Specify Type in LONG_TEXT)

Specify Spray Foam Type (if applicable)

Write something...

Penetration Types Sealed (Check all that apply)

- ☐ Windows
- ☐ Doors
- ☐ Pipes
- ☐ Electrical Conduits
- ☐ HVAC Ductwork
- ☐ Other (Specify in LONG_TEXT)

Specify 'Other' Penetration Types (if applicable)

Write something...

Date of Penetration Sealing Completion

Enter date...

Quality Control & Testing

Verification of air barrier performance through visual inspections, blower door testing (if applicable), and other quality assurance measures.

Visual Inspection: Air Barrier Continuity?

- ☐ Continuous - No Gaps Observed
- ☐ Minor Gaps (<1/4") - Documented
- ☐ Significant Gaps (>1/4") - Requires Repair

Average Overlap Width (inches)

Enter a number...

Air Barrier Seam Adhesion Test Result (if applicable)

- ☐ Pass
- ☐ Fail
- ☐ Not Performed

Notes on Visual Inspection & Any Corrections Made

Write something...

Blower Door Test Performed?

- ☐ Yes
- ☐ No - Not Required
- ☐ No - Postponed

Blower Door Test Result (CFM50) - if performed

Enter a number...

Detailed Blower Door Test Results & Analysis - if performed

Write something...

Date of Quality Control Inspection

Enter date...

Inspector Signature

Documentation & Sign-Off

Record keeping of installation details, test results, and contractor sign-off to confirm completion.

Installation Completion Date

Enter date...


Installation Notes/Observations

Write something...

Air Barrier Material Lot Number (if applicable)

Enter a number...

Photos of Completed Installation (minimum 3)

 Upload File

Blower Door Test Performed?

☐ Yes

☐ No

Blower Door Test Results (if applicable)

Enter a number...

Contractor Signature

Contractor Name (Printed)

Write something...

Inspector Signature

Inspector Name (Printed)

Write something...