

# Inspection Record Summary

Cover Page of Inspection Report

## Texas Department of Licensing and Regulation INDUSTRIALIZED HOUSING AND BUILDINGS

PO Box 12157, Austin, TX 78711  
(512) 463-7346 FAX (512) 475-4364  
(800) 803-9202 - In State Only

Email Address: [industrialized.buildings@license.state.tx.us](mailto:industrialized.buildings@license.state.tx.us)  
Internet Address: [www.license.state.tx.us](http://www.license.state.tx.us)

Date of Inspection: April 19, 2002

Manufacturer: Modular Perfection

Manufacturer's Registration # IHM-355

Inspector Name/Reg #: Joe Inspect/IHI-193

Inspection Agency Name/Reg #: Inspect Anytime/IHIA-51

Summary Page 1 of 2

**Total # Units Inspected = 16**

Did you witness tests during this inspection?  Yes  No

**# of Inspections since tests last witnessed: 3**

Did you inspect a substantial portion of the energy design?  Yes  No **# of Inspections since last inspected: 1**

#	Unit ID Number	TX Decal or Insignia #	E?	Station or Phase	Model # or Project Name/Plan Approval Date/States Inspected	# of Deviations	C?
1	98412	62801	<input checked="" type="checkbox"/>	plumbing	Model 4820, approved 4/9/02, 4/11/02 for CO	0	<input type="checkbox"/>
2	98413A	60182	<input checked="" type="checkbox"/>	electrical	Model 4830, approved 4/8/02	1	<input checked="" type="checkbox"/>
3	98413B	60183	<input checked="" type="checkbox"/>	electrical	Model 4830, approved 4/8/02	1	<input checked="" type="checkbox"/>
4	98413C	60184	<input checked="" type="checkbox"/>	electrical	Model 4830, approved 4/8/02	2	<input checked="" type="checkbox"/>
5	98413D	60185	<input checked="" type="checkbox"/>	electrical	Model 4830, approved 4/8/02	1	<input checked="" type="checkbox"/>
6	98416	62666	<input checked="" type="checkbox"/>	mechanical	Model 4820, approved 4/9/02	0	<input type="checkbox"/>
7	98419	62667	<input checked="" type="checkbox"/>	mechanical	Model 4820, approved 4/9/02	0	<input type="checkbox"/>
8	98428	62650	<input checked="" type="checkbox"/>	wall set	Model 3650, approved 4/10/02	1	<input type="checkbox"/>
9	98429	62651	<input checked="" type="checkbox"/>	wall set	Model 3650, approved 4/10/02, 4/9/02 for CO	1	<input type="checkbox"/>
10	98430	62652	<input checked="" type="checkbox"/>	roof	Model 3880, approved 4/8/02, 4/8/02 for CO	2	<input checked="" type="checkbox"/>
11	98431	62653	<input checked="" type="checkbox"/>	roof	Model 3880, approved 4/8/02, 4/8/02 for CO	2	<input checked="" type="checkbox"/>
12	98433A	on order	<input checked="" type="checkbox"/>	plumbing	Model 5250, approved 4/11/02	0	<input type="checkbox"/>
13	98433B	on order	<input checked="" type="checkbox"/>	plumbing	Model 5250, approved 4/11/02	0	<input type="checkbox"/>
14	98435	on order	<input checked="" type="checkbox"/>	floor	Model 5260, approved 4/15/02	1	<input type="checkbox"/>
Total # of Uncorrected Deviations Previous Inspection (Complete only on first page of summary & attach copy of deviation report):						0	
Total # of Uncorrected Deviations This Inspection (Complete only on first page of summary):						8	
Total # of Deviations This Inspection (Complete only on first page of summary):						12	

**LIST ALL UNITS INSPECTED FOR UNCORRECTED DEVIATIONS FROM PREVIOUS INSPECTION.**

Do not list the unit here if deviation was not corrected. **Total units inspected for corrections =** \_\_\_\_\_

Unit ID Number	Decal or Insignia #	Previous Insp Date	Unit ID Number	Decal or Insignia #	Previous Insp Date

## INSTRUCTIONS FOR USING INSPECTION RECORD SUMMARY FORM

Inspection reports must be filed with the "Inspection Record Summary" as the cover page for the report.

### GENERAL

**Always file the original inspection report with the Department.**

FIELD NAME	DATA ENTERED
Date of Inspection	Enter the date of the inspection. A separate summary sheet is required for each inspection date.
Manufacturer	Enter the manufacturer's name.
Manufacturer's Registration #IHM-	Enter the manufacturer's Texas registration number. Example IHM-300.
Inspector Name/Reg #	Enter the inspector's name and Texas registration number. Example: John D. Inspector/IHI-183
Inspection Agency/Reg #	Enter the name of the inspection agency and Texas registration number. Example: ABC Inspections/IHIA-51
Summary Page ____ of ____	Enter the page number of the summary page. If you have two summary pages, then the page number on the last summary page would be "Page 2 of 2."
Total # Units Inspected	On the first summary page, enter the total number of modules (not buildings) inspected for Texas during this inspection.
Did you witness tests during this inspection?	On the first summary page, check either yes or no.
# of Inspections Since Tests Last Witnessed:	On the first summary page, enter the number of inspections since you last witnessed any tests in this plant.
Did you inspect a substantial portion of the energy design?	On the first summary page, check either yes or no. Inspection shall be documented on manufacturer's energy compliance checklist. Inspector may be asked to provide a copy of the energy compliance checklist.
# of Inspections Since Last Inspected:	On the first summary page, enter the number of inspections since you last inspected a substantial portion of the energy design.

### SUMMARIZATION OF UNITS INSPECTED

FIELD NAME	DATA ENTERED
Unit ID Number	Enter the manufacturer's <b>COMPLETE</b> unit ID number or serial number for each Texas unit inspected. Enter one module per line. When inspecting multiple modules that comprise a single building, list each module on a separate line. Please be accurate. This is the manufacturer's evidence that these units were inspected.
TX Decal or Insignia #	Enter the Texas decal or insignia number for each unit inspected.
Station or Phase	Enter the station or phase of construction in which the unit was inspected.
E?	Check if inspected energy design features on this unit.
Model # or Project Name/Plan Approval Date/States Inspected	Enter the model # or project name and plan approval date of the model or project for the units inspected for Texas and for reciprocal states. Enter 2 letter designation of the reciprocal state after the plan approval date for that state. It is not necessary to enter TX for Texas. All units documented on this form must have been inspected in accordance with Texas procedures to Texas approved plans. However, the more stringent requirement prevails whenever there is a conflict between the Texas approved plans and plans approved for a reciprocal state.
# of Deviations	Enter the number of deviations that were written against each module.
C	Check if the Texas decal or insignia (or label from reciprocal states) was confiscated for this unit.
Total # of Uncorrected Deviations from previous inspection	On the first summary page, enter the total number of uncorrected deviations from previous inspections. Attach a copy of the deviation report or reports from the previous inspection to the report for this inspection .
Total # of Uncorrected Deviations this Inspection	On the first summary page, enter the total number of uncorrected deviations for this inspection.
Total # of Deviations this Inspection	On the first summary page, enter the total number of deviations for this inspection.

### LIST ALL UNITS INSPECTED FOR UNCORRECTED DEVIATIONS FROM PREVIOUS INSPECTION.

FIELD NAME	DATA ENTERED
Total units inspected for corrections =	Enter the total number of units inspected for uncorrected deviations from a previous inspection. Only count units where the deviations have been corrected.
Unit ID Number	Enter the unit ID number for each unit inspected for uncorrected deviations from a previous inspection. Only enter units where the deviations have been corrected.
Decal or Insignia #	Enter the decal or insignia number for each unit inspected for uncorrected deviations from a previous inspection. Only enter units where the deviations have been corrected.
Previous Insp Date	Enter the original inspection date for each unit inspected for uncorrected deviations from a previous inspection. Only enter units where the deviations have been corrected.

# Inspection Record Summary

Cover Page of Inspection Report

## Texas Department of Licensing and Regulation INDUSTRIALIZED HOUSING AND BUILDINGS

PO Box 12157, Austin, TX 78711  
(512) 463-7346 FAX (512) 475-4364  
(800) 803-9202 - In State Only

Email Address: [industrialized.buildings@license.state.tx.us](mailto:industrialized.buildings@license.state.tx.us)  
Internet Address: [www.license.state.tx.us](http://www.license.state.tx.us)

Date of Inspection: April 19, 2002

Manufacturer: Modular Perfection

Manufacturer's Registration # IHM-355

Inspector Name/Reg #: Joe Inspector/IHI-193

Inspection Agency Name/Reg #: Inspect Anytime/IHIA-51

Summary Page 2 of 2

**Total # Units Inspected =** \_\_\_\_\_

**Did you witness tests during this inspection?**  Yes  No

**# of Inspections since tests last witnessed:** \_\_\_\_\_

**Did you inspect a substantial portion of the energy design?**  Yes  No **# of Inspections since last inspected:** \_\_\_\_\_

#	Unit ID Number	TX Decal or Insignia #	E?	Station or Phase	Model # or Project Name/Plan Approval Date/States Inspected	# of Deviations	C?
1	98440	on order	<input type="checkbox"/>	floor	Model 5280, approved 4/15/02, 4/12/02 for CO	0	<input type="checkbox"/>
2	98444	on order	<input checked="" type="checkbox"/>	walls	Model 5280, approved 4/15/02	0	<input type="checkbox"/>
3			<input type="checkbox"/>				<input type="checkbox"/>
4			<input type="checkbox"/>				<input type="checkbox"/>
5			<input type="checkbox"/>				<input type="checkbox"/>
6			<input type="checkbox"/>				<input type="checkbox"/>
7			<input type="checkbox"/>				<input type="checkbox"/>
8			<input type="checkbox"/>				<input type="checkbox"/>
9			<input type="checkbox"/>				<input type="checkbox"/>
10			<input type="checkbox"/>				<input type="checkbox"/>
11			<input type="checkbox"/>				<input type="checkbox"/>
12			<input type="checkbox"/>				<input type="checkbox"/>
13			<input type="checkbox"/>				<input type="checkbox"/>
14			<input type="checkbox"/>				<input type="checkbox"/>
Total # of Uncorrected Deviations Previous Inspection (Complete only on first page of summary & attach copy of deviation report):							
Total # of Uncorrected Deviations This Inspection (Complete only on first page of summary):							
Total # of Deviations This Inspection (Complete only on first page of summary):							

**LIST ALL UNITS INSPECTED FOR UNCORRECTED DEVIATIONS FROM PREVIOUS INSPECTION.**

Do not list the unit here if deviation was not corrected. **Total units inspected for corrections =** \_\_\_\_\_

Unit ID Number	Decal or Insignia #	Previous Insp Date	Unit ID Number	Decal or Insignia #	Previous Insp Date

# Energy Inspection Summary Sheet

## Texas Department of Licensing and Regulation INDUSTRIALIZED HOUSING AND BUILDINGS

PO Box 12157, Austin, TX 78711 (512) 463-7353 FAX (512) 475-4364  
(800) 803-9202 - In State Only

Email Address: [industrialized.buildings@license.state.tx.us](mailto:industrialized.buildings@license.state.tx.us)  
Internet Address: [www.license.state.tx.us](http://www.license.state.tx.us)

Date of Inspection: <u>April 19, 2002</u>
Manufacturer Name: <u>Modular Perfection</u>
Manufacturer's Reg # <u>IHM-355</u>
Inspector Name/Reg #: <u>Joe Inspector/IHI-193</u>
Inspection Agency Name/Reg #: <u>Inspect Anytime/IHIA-51</u>

Compliance Features	Meets	Doesn't Meet
<b>1. Insulation (R-values labeled as certified – must meet or exceed required)</b>		
Wall Insulation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Floor insulation (over unconditioned spaces or crawl spaces)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Roof assembly insulation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Duct insulation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2. Window and Door Requirements (Labeled as certified or default per code – must be no greater than required per approved documents)</b>		
Windows and glazed doors U-factor	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Windows and glazed doors SHGC (Area weighted average for residential cannot exceed 0.4 for climate zones 1 through 7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exterior doors (opaque) U-factor (Maximum of 0.35 for residential – 1 door exempt)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3. Envelope Requirements</b>		
All joints & penetrations are caulked, gasketed, weatherstripped, or otherwise sealed in an approved manner.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Duct connections properly sealed with mastic or UL 181 labeled tape (no duct tape allowed)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vapor barriers installed in all nonvented framed areas in ceilings, walls, and floors in warm-in-winter side of the insulation (not required in climate zones 1 through 7)	<input type="checkbox"/>	<input type="checkbox"/>
Recessed lighting fixtures gasketed and IC rated	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Windows and doors certified as meeting leakage requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>4. Equipment Requirements (Equipment efficiency ratings must meet or exceed current NAECA standards)</b>		
Water heater efficiency rating	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heat pump efficiency rating	<input type="checkbox"/>	<input type="checkbox"/>
Air conditioner efficiency rating	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Furnace efficiency rating	<input checked="" type="checkbox"/>	<input type="checkbox"/>
One temperature control per HVAC system, programmable for commercial buildings. Controls have 5 degree F deadband.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Water heater has integral heat trap or is provided with heat trap.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HVAC refrigerant lines insulated.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pipes of circulating hot water pipes insulated. First 8 feet of piping in noncirculating water heaters without integral heat traps insulated.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Water heater has setpoint of 110 degrees F if serving dwelling unit, 90 degree F if serving other occupancies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Automatic circulating hot water systems or heat trace have time switches capable of being set to turn system off.	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Lighting Requirements (Commercial Only)</b>		
Independent controls for each space (switch/occupancy sensor). Exceptions – security lighting, building lobby, retail store, mall.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At least one manual control per area located so that occupants can see area controlled by switch, or switch indicates that lights are on or off, or occupant-sensing sensor.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Two switches, dimmer, or occupancy sensor in each space. Exceptions – only one luminary in space; or area is corridor, storage, restroom, or lobby.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Photocell/astronomical time switch on exterior lights.	<input type="checkbox"/>	<input type="checkbox"/>
Tandem wired one-lamp and three-lamp ballasted luminaries. Exception – Electronic high-frequency ballasted luminaries not on same switch.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exterior lighting supplied through building electrical service.	<input type="checkbox"/>	<input type="checkbox"/>

Example revised 9/17/02

### Instructions for Completing Form

**GENERAL**                      **Always file the original inspection report with the Department.**

FIELD NAME	DATA ENTERED
Date of Inspection	Enter the date of the inspection. A separate summary sheet is required for each inspection date.
Manufacturer	Enter the manufacturer's name.
Manufacturer's Registration #IHM-	Enter the manufacturer's Texas registration number. Example IHM-300.
Inspector Name/Reg #	Enter the inspector's name and Texas registration number. Example: John D. Inspector/IHI-183
Inspection Agency/Reg #	Enter the name of the inspection agency and Texas registration number. Example: ABC Inspections/IHIA-51

### SUMMARIZATION OF UNITS INSPECTED

FIELD NAME	DATA ENTERED
Meets	Check this box for each compliance feature that meets the drawings or code requirement for each unit inspected. Do not check this box if not met on all units inspected.
Doesn't Meet	Check this box for each compliance feature that doesn't meet the code requirement. If code requirement is not met on even one of the units inspected, then check this box. Document the deviation on the deviation report and the inspection summary sheet in accordance with inspection procedures.

# DEVIATION REPORT

## Texas Department of Licensing and Regulation INDUSTRIALIZED HOUSING AND BUILDINGS

PO Box 12157, Austin, TX 78711 (512) 463-7346 FAX: (512)475-4364 (800)803-9202 - In State Only

Email Address: [industrialized.buildings@license.state.tx.us](mailto:industrialized.buildings@license.state.tx.us) Internet Address: [www.license.state.tx.us](http://www.license.state.tx.us)

List ID number of first unit affected followed by ID numbers of all other units affected. Give station or phase of construction for first unit only.

NOTE: Please include total number of pages of deviations in the page number block.

If a deviation from a previous inspection is corrected during the present inspection, attach a copy of that deviation report to the inspection report for the present inspection. Enter the corrective action witnessed and the date of the corrective action.

Date of Inspection: April 19, 2002

Manufacturer: Modular Perfection

Manufacturer's Registration #IHM-355

Inspector Name/Reg #: Joe Inspector/IHI-193

Inspection Agency Name/Reg #: Inspect Anytime/IHIA-51

Page 1 of 2

ITEM #	Unit ID Number	Station or Phase	Description of Deviation Observed	Description of Corrective Action	Reference	Date Corrected
1	98413A 98413B 98413C 98413D	Electrical	Outlets and lights added, not on approved plans.		Model 4830, sh E1	
2	98413C	Electrical	NM cable not secured within 12" of outlet boxes.	Cable secured within 12"	NEC 336-18	4/19/2002
3	98428 98429	Wall set	Gyp board fastened at 9" oc. Fastening schedule requires 8" oc.	Fasteners added.	Fastening schedule	4/19/2002
4	98430 98431	Roof	Manufacturer unable to provide evidence that they have been licensed by manufacturer of EPDM roofing material to install roofing material.		SBCCI ER #94193, section 9.1 (Firestone RubberGard)	
5	98430 98431	Roof	EPDM system not fastened in accordance with manufacturer's installation instructions and SBCCI evaluation report.		Firestone Rubber Gard installation instructions; SBCCI ER #94193	

## Instructions For Using Form #a031ihb, DEVIATION REPORT Form

**Inspection reports must be filed with the "Inspection Record Summary" as the cover page for the report. Do not submit a deviation report if no deviations were written or corrected.**

### **GENERAL      Always file the original inspection report with the Department.**

FIELD NAME	DATA ENTERED
Date of Inspection	Enter the date of the inspection.
Manufacturer	Enter the manufacturer's name.
Manufacturer's Registration #IHM-	Enter the manufacturer's Texas registration number. Example IHM-300.
Inspector Name/Reg#	Enter the inspector's name and Texas registration number. Example: John D. Inspector/IHI-183
Inspection Agency/Reg #	Enter the name of the inspection agency and Texas registration number. Example: ABC Inspections/IHIA-51
Page _____ of _____	Enter the page number of the deviation report. If you have two deviation report pages, then the page number on the last deviation report page would be "Page 2 of 2."

### **DEVIATIONS**

FIELD NAME	DATA ENTERED
Item #	Number the deviations consecutively, starting with deviation item #1.
Unit ID Number	Enter the manufacturer's complete ID number or serial number for all units affected by the deviation, starting with the unit on which the deviation was first discovered.
Station or Phase	Enter the station or phase of construction in which the deviation was discovered. Only enter the station or phase of construction for the first ID number listed.
Description of Deviation Observed	Describe the deviation. Description should be concise, but give enough information that others can identify the problem.
Description of Corrective Action Observed	Describe how the manufacturer corrected the deviation. If the correction included a change in approved plans or specifications, give the approval date of the change.
Reference	Enter the page number or plan number of the approval, the code reference, or the rule number that describes or depicts the requirement that must be met.
Date Corrected	Enter date of corrective action.

**If a deviation from a previous inspection is corrected during the present inspection, attach a copy of that deviation report page to the inspection report for the present inspection. Enter the corrective action witnessed and the date of the corrective action.**





## MONITORING OF SYSTEM TESTING

# Texas Department of Licensing and Regulation INDUSTRIALIZED HOUSING AND BUILDINGS

PO Box 12157, Austin, TX 78711 (512) 463-7346 FAX (512) 475-4364  
(800) 803-9202 - In State Only

Email Address: [industrialized.buildings@license.state.tx.us](mailto:industrialized.buildings@license.state.tx.us)  
Internet Address: [www.license.state.tx.us](http://www.license.state.tx.us)

Date of Inspection: April 19, 2002

Manufacturer: Modular Perfection

Manufacturer's Registration # IHM-355

Inspector Name/Reg #: Joe Inspector/IHI-193

Inspection Agency Name/Reg #: Inspect Anytime/IHIA-61

UNIT ID NUMBER	TEST OBSERVED	PASS	FAIL	RETESTED (YES/NO)
	DIELECTRIC STRENGTH TEST (Indicate tester [DC or AC], voltage, and time):			
	CONTINUITY TEST			
	POLARITY			
	OPERATIONAL TEST			
98433A 98433B	POTABLE WATER TEST (Indicate water or air and pressure - air test may not be used for plastic pipe): <b>Air, 100 psi</b>	✓		
98433A 98433B	DRAIN, WASTE, AND VENT (Indicate water or air and pressure): <b>Water</b>	✓		
	GAS SYSTEM (Indicate pressure):	✓		
	<b>CONCRETE TESTING:</b>			
98435	Slump Test (indicate required slump): <b>3" +/- 1"</b> Slump observed: <b>4"</b>	✓		
98419	Compression Test (indicate day of test, i.e., 7-day, 14-day, etc., and required strength):	✓		
98435	Cylinders taken (Were procedures for filling cylinders followed? Were cylinders taken at correct point of discharge of concrete?) Indicate number of cylinders taken: <b>4 cylinders</b>	✓		
	Other concrete tests required by the manufacturer's procedures. Describe test:			
	<b>OTHER REQUIRED TESTING (Describe test):</b>			

Example revised 9/17/02

# INSTRUCTIONS FOR USING MONITORING OF SYSTEM TESTING FORM

Inspection reports must be filed with the "Inspection Record Summary" as the cover page for the report. Do not submit a testing report form if no tests were witnessed during the inspection. Department rule 70.61(a) requires system tests to be witnessed at least once every third inspection. Different tests should be witnessed every third inspection, i.e., if you witness electrical tests on one inspection, then you should witness plumbing or concrete tests on the next inspection, etc.

**GENERAL**      **Always file the original inspection report with the Department.**

FIELD NAME	DATA ENTERED
Date of Inspection	Enter the date of the inspection. A separate test report is required for each inspection date.
Manufacturer	Enter the manufacturer's name.
Manufacturer's Registration #IHM-	Enter the manufacturer's Texas registration number. Example: IHM-300.
Inspector Name/Reg#	Enter the inspector's name and Texas registration number. Example: John D. Inspector/IHI-183
Inspection Agency/Reg #	Enter the name of the inspection agency and Texas registration number. Example: ABC Inspections/IHIA-51

## TESTING

Enter the manufacturer's COMPLETE unit ID number (or serial number) for each test observed and indicate if the test passed or failed. Failure of a test is not a deviation. Failure of the manufacturer to correct the problem that caused the failure and retest the system is a deviation and shall be written as a deviation on the deviation report form. Inspectors must witness the retest after the problem is corrected.

Failure to follow approved test procedures is a deviation and shall be written as a deviation on the deviation report form.

For each "Dielectric Strength" test observed, indicate the type of tester (DC or AC), voltage, and time limit of the test.

For each "Potable Water System" test observed, indicate if the test was performed with water or air and the test pressure.

For each "Drain, Waste, and Vent" test observed, indicate if the test was performed with water or air (minimum air pressure for air test is 5 psi).

For each "Concrete Slump" test observed, indicate the required slump and the slump observed.

For each "Compression" test observed, indicate the day of the test, i.e., 7-day test, 14-day test, etc, the required strength, and the strength obtained.

For each concrete pour where test cylinders are taken for compression testing, indicate the numbers of cylinders that were taken.

Describe any other testing required by manufacturer's compliance control manual that was witnessed during the inspection.

**PLANT INSPECTION PROCEDURAL CHECKLIST**

**Texas Department of  
Licensing and Regulation  
INDUSTRIALIZED HOUSING AND BUILDINGS**

PO Box 12157, Austin, TX 78711  
(512) 463-7346 FAX (512) 475-4364  
(800) 803-9202 - In State Only  
Email Address: [industrialized.buildings@license.state.tx.us](mailto:industrialized.buildings@license.state.tx.us)  
Internet Address: [www.license.state.tx.us](http://www.license.state.tx.us)

Date of Inspection: <u>April 19, 2002</u>
Manufacturer: <u>Modular Perfection</u>
Manufacturer's Registration # <u>IHM-355</u>
Inspector Name/Reg #: <u>Joe Inspector/IHI-193</u>
Inspection Agency/Reg #: <u>Inspect Anytime/IHIA-51</u>

PROCEDURE	YES	NO
1. Did you perform an entrance interview? During the interview did you inform the manufacturer that:	✓	
A. Compliance control manual must function normally as stated in approved compliance control manual?	✓	
B. Compliance control documents (travelers) will be examined for all units that received a decal/insignia or label since last inspection?	✓	
C. Every Texas unit and reciprocal state unit will be inspected and all units with labels affixed will be checked for proper application of decal, insignia, or label, and data plate?	✓	
D. System testing must be inspected at least once every third inspection?	✓	
E. A substantial portion of the energy design system on one or more units must be inspected at least once every third inspection?	✓	
2. Did you review approved design package and request manufacturer notify you of any changes to approved package since last inspection?	✓	
3. Did you review inspection report from last inspection?	✓	
4. Did you document uncorrected deviations from last inspection on present inspection report?	✓	
5. Did you inspect units with uncorrected deviations from last inspection and document corrective action on present report?	✓	
6. Did you inspect all Texas and reciprocal state units on production line and in plant? (Begin inspection at different station than previous inspection. Primary emphasis on inspection to approved package.)	✓	
7. Did you request and witness production tests (required to be inspected at least once every 3 <sup>rd</sup> inspection)?	✓	
8. Did you inspect a substantial portion of the energy design system (required at least once every 3 <sup>rd</sup> inspection)?	✓	
9. Did you document all deviations (including compliance control), corrective action, and reference in clear and detailed manner on form #TDLR a0311HB?	✓	
10. Did you inform manufacturer you cannot inspect if approved design is not specific or no approved designs?	✓	
11. Did you check other units past stage of construction for same deviation and notify the Department if deviation was repetitive?	✓	
12. Did you review compliance control travelers for units that received decals/insignia since last inspection and record inadequate/incomplete travelers as deviations?	✓	
13. Did you review past inspection reports for failure of manufacturer to follow compliance control procedures and for failure of manufacturer to provide an approved design?	✓	
14. Did you review your report prior to exit interview, assure information completed, and report legible? Did you document inspections for reciprocal states?	✓	
15. Did you perform an exit interview and (wherever reference is made to confiscating decals, must also confiscate labels for reciprocal states):		
A. Discuss inspection relative to deviations, corrective actions, and compliance control?	✓	
B. Confiscate decals/insignia for units with uncorrected deviations?	✓	
C. Confiscate decals/insignia for units not inspected because some aspect of approved design not specific or no approved designs? Inform manufacturer of increase in frequency of inspections if required?		✓
D. Confiscate decals/insignia for failure to follow compliance control procedures (reference paragraph D of procedures)? Inform manufacturer of increase in frequency of inspections if required?		✓
E. Confiscate decals/insignia for all Texas units if inadequate/incomplete travelers for units receiving decal/insignia since last inspection? Inform manufacturer of increase in frequency of inspections?		✓
F. Confiscate decals/insignia & increase frequency of inspections if no approved compliance control manual in plant?		✓
G. Confiscate decals/insignia if tests required, but not performed? Schedule reinspection?		✓
H. Confiscate decals/insignia if inspection of energy compliance design required, but not performed? Schedule reinspection?		✓
15. Did you retain original inspection report and give copy to manufacturer?	✓	

**IF ANSWER TO ANY QUESTION WAS NO, EXPLAIN ON BACK OF FORM.**

**LIST ALL DECAL/INSIGNIA NUMBERS IN THE MANUFACTURER'S POSSESSION (include those confiscated):**

60182 to 60185; 62666 to 62667; 62788 to 62790; 62650 to 62658; 62800 to 62810

Example revised 9/17/02

## INSTRUCTIONS FOR USING PLANT INSPECTION PROCEDURAL CHECKLIST FORM

Inspection reports must be filed with the "Inspection Record Summary" as the cover page for the report. This form must be completed for all plant inspections.

List all Texas decals or insignia in the manufacturer's possession in the space provided. Include those that have been confiscated or are in control of the third party inspection agency. List only those decals or insignia which have not been affixed to the module or component. Please note that a decal or insignia is not considered affixed because it has been assigned to a module or component.

Complete the general information as indicated below and answer each of the questions. Explain all NO answers in the space provided. Enter the reasons for confiscating decals or insignia in the space provided.

### GENERAL INFORMATION

FIELD NAME	DATA ENTERED
Date of the inspection	Enter the date of the inspection. A separate checklist is required for each inspection date.
Manufacturer	Enter the manufacturer's name. Example: XYZ Modular, Inc.
Manufacturer's Registration #IHM-	Enter the manufacturer's Texas registration number. Example: IHM-300.
Inspector Name/Reg #	Enter the inspector's name and Texas registration number. Example: John D. Inspector/IHI-149.
Inspection Agency/Reg #	Enter the name and Texas registration # of the inspection agency. Example: ABC Inspections/IHIA-51.

#### EXPLAIN ALL NO ANSWERS:

15 C through H were not applicable. Situations described did not exist.

#### REASONS FOR CONFISCATING DECALS OR INSIGNIA (notify Department when necessary to confiscate all decals/insignia in plant; fax copy of inspection report to Department with anticipated date of reinspection any time labels for a reciprocal state are confiscated and fax copy of inspection report on date labels are returned to manufacturer):

Decals 60182, 60183, 60184, 60185, 62652, and 62653 were confiscated because of uncorrected deviations – reference deviation report item #'s 1, 4, and 5. Colorado labels #'s 2043 and 2044 confiscated for same reasons, deviation report item #'s 4 and 5.

# Inspection Record Summary

Cover Page of Inspection Report

## Texas Department of Licensing and Regulation INDUSTRIALIZED HOUSING AND BUILDINGS

PO Box 12157, Austin, TX 78711  
(512) 463-7346 FAX (512) 475-4364  
(800) 803-9202 - In State Only

Email Address: [industrialized.buildings@license.state.tx.us](mailto:industrialized.buildings@license.state.tx.us)  
Internet Address: [www.license.state.tx.us](http://www.license.state.tx.us)

Date of Inspection: April 23, 2002

Manufacturer: Modular Perfection

Manufacturer's Registration # IHM-355

Inspector Name/Reg #: Joe Inspector/IHI-193

Inspection Agency Name/Reg #: Inspect Anytime/IHIA-51

Summary Page 1 of 1

**Total # Units Inspected = 13**

Did you witness tests during this inspection?  Yes  No

**# of Inspections since tests last witnessed: 1**

Did you inspect a substantial portion of the energy design?  Yes  No **# of Inspections since last inspected: 0**

#	Unit ID Number	TX Decal or Insignia #	E?	Station or Phase	Model # or Project Name/Plan Approval Date/States Inspected	# of Deviations	C?
1	98413A	60182	<input checked="" type="checkbox"/>	final	Model 4830, approved 4/8/02, 4/22/02	0	<input type="checkbox"/>
2	98413B	60183	<input checked="" type="checkbox"/>	final	Model 4830, approved 4/8/02, 4/22/02	0	<input type="checkbox"/>
3	98413C	60184	<input checked="" type="checkbox"/>	final	Model 4830, approved 4/8/02, 4/22/02	0	<input type="checkbox"/>
4	98413D	60185	<input checked="" type="checkbox"/>	final	Model 4830, approved 4/8/02, 4/22/02	0	<input type="checkbox"/>
5	98428	62650	<input checked="" type="checkbox"/>	electrical	Model 3650, approved 4/10/02	0	<input type="checkbox"/>
6	98429	62651	<input checked="" type="checkbox"/>	electrical	Model 3650, approved 4/10/02	0	<input type="checkbox"/>
7	98433A	62788	<input checked="" type="checkbox"/>	final	Model 5250, approved 4/11/02	0	<input type="checkbox"/>
8	98433B	62789	<input checked="" type="checkbox"/>	final	Model 5250, approved 4/11/02	0	<input type="checkbox"/>
9	98451	62800	<input checked="" type="checkbox"/>	floor	Model 4820, approved 4/9/02, 4/11/02 for CO	1	<input type="checkbox"/>
10	98452A	62805	<input checked="" type="checkbox"/>	wall set	Model 6230, approved 4/19/02	0	<input type="checkbox"/>
11	98452B	62806	<input checked="" type="checkbox"/>	wall set	Model 6230, approved 4/19/02	0	<input type="checkbox"/>
12	98430	62652	<input checked="" type="checkbox"/>	roof	Model 3880, approved 4/8/02, 4/8/02 for CO	0	<input type="checkbox"/>
13	98431	62653	<input checked="" type="checkbox"/>	roof	Model 3880, approved 4/8/02, 4/8/02 for CO	0	<input type="checkbox"/>
14			<input type="checkbox"/>				<input type="checkbox"/>
Total # of Uncorrected Deviations Previous Inspection (Complete only on first page of summary & attach copy of deviation report):						4	
Total # of Uncorrected Deviations This Inspection (Complete only on first page of summary):						0	
Total # of Deviations This Inspection (Complete only on first page of summary):						1	

**LIST ALL UNITS INSPECTED FOR UNCORRECTED DEVIATIONS FROM PREVIOUS INSPECTION.**

Do not list the unit here if deviation was not corrected. **Total units inspected for corrections = 4.**

Unit ID Number	Decal or Insignia #	Previous Insp Date	Unit ID Number	Decal or Insignia #	Previous Insp Date
98413A	60182	4/19/02			
98413B	60183	4/19/02			
98413C	60184	4/19/02			
98413D	60185	4/19/02			

# Energy Inspection Summary Sheet

## Texas Department of Licensing and Regulation INDUSTRIALIZED HOUSING AND BUILDINGS

PO Box 12157, Austin, TX 78711 (512) 463-7353 FAX (512) 475-4364  
(800) 803-9202 - In State Only

Email Address: [industrialized.buildings@license.state.tx.us](mailto:industrialized.buildings@license.state.tx.us)  
Internet Address: [www.license.state.tx.us](http://www.license.state.tx.us)

Date of Inspection: April 23, 2002

Manufacturer Name: Modular Perfection

Manufacturer's Reg # IHM-355

Inspector Name/Reg #: Joe Inspect/IHI-193

Inspection Agency Name/Reg #: Inspect Anytime/IHIA-51

Compliance Features	Meets	Doesn't Meet
<b>1. Insulation (R-values labeled as certified – must meet or exceed required)</b>		
Wall Insulation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Floor insulation (over unconditioned spaces or crawl spaces)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Roof assembly insulation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Duct insulation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2. Window and Door Requirements (Labeled as certified or default per code – must be no greater than required per approved documents)</b>		
Windows and glazed doors U-factor	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Windows and glazed doors SHGC (Area weighted average for residential cannot exceed 0.4 for climate zones 1 through 7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exterior doors (opaque) U-factor (Maximum of 0.35 for residential – 1 door exempt)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3. Envelope Requirements</b>		
All joints & penetrations are caulked, gasketed, weatherstripped, or otherwise sealed in an approved manner.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Duct connections properly sealed with mastic or UL 181 labeled tape (no duct tape allowed)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vapor barriers installed in all nonvented framed areas in ceilings, walls, and floors in warm-in-winter side of the insulation (not required in climate zones 1 through 7)	<input type="checkbox"/>	<input type="checkbox"/>
Recessed lighting fixtures gasketed and IC rated	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Windows and doors certified as meeting leakage requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>4. Equipment Requirements (Equipment efficiency ratings must meet or exceed current NAECA standards)</b>		
Water heater efficiency rating	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heat pump efficiency rating	<input type="checkbox"/>	<input type="checkbox"/>
Air conditioner efficiency rating	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Furnace efficiency rating	<input checked="" type="checkbox"/>	<input type="checkbox"/>
One temperature control per HVAC system, programmable for commercial buildings. Controls have 5 degree F deadband.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Water heater has integral heat trap or is provided with heat trap.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HVAC refrigerant lines insulated.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pipes of circulating hot water pipes insulated. First 8 feet of piping in noncirculating water heaters without integral heat traps insulated.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Water heater has setpoint of 110 degrees F if serving dwelling unit, 90 degree F if serving other occupancies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Automatic circulating hot water systems or heat trace have time switches capable of being set to turn system off.	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Lighting Requirements (Commercial Only)</b>		
Independent controls for each space (switch/occupancy sensor). Exceptions – security lighting, building lobby, retail store, mall.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At least one manual control per area located so that occupants can see area controlled by switch, or switch indicates that lights are on or off, or occupant-sensing sensor.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Two switches, dimmer, or occupancy sensor in each space. Exceptions – only one luminary in space; or area is corridor, storage, restroom, or lobby.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Photocell/astronomical time switch on exterior lights.	<input type="checkbox"/>	<input type="checkbox"/>
Tandem wired one-lamp and three-lamp ballasted luminaries. Exception – Electronic high-frequency ballasted luminaries not on same switch.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exterior lighting supplied through building electrical service.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Example revised 9/17/02



## DEVIATION REPORT

# Texas Department of Licensing and Regulation

## INDUSTRIALIZED HOUSING AND BUILDINGS

PO Box 12157, Austin, TX 78711 (512) 463-7346 FAX: (512)475-4364 (800)803-9202 - In State Only

Email Address: [industrialized.buildings@license.state.tx.us](mailto:industrialized.buildings@license.state.tx.us) Internet Address: [www.license.state.tx.us](http://www.license.state.tx.us)

List ID number of first unit affected followed by ID numbers of all other units affected. Give station or phase of construction for first unit only.

NOTE: Please include total number of pages of deviations in the page number block.

If a deviation from a previous inspection is corrected during the present inspection, attach a copy of that deviation report to the inspection report for the present inspection. Enter the corrective action witnessed and the date of the corrective action.

Date of Inspection: April 19, 2002; Reinspect 4/23/02

Manufacturer: Modular Perfection

Manufacturer's Registration # IHM-355

Inspector Name/Reg #: Joe Inspector/IHI-193

Inspection Agency Name/Reg #: Inspect Anytime/IHIA-51

Page 1 of 2

ITEM #	Unit ID Number	Station or Phase	Description of Deviation Observed	Description of Corrective Action	Reference	Date Corrected
1	98413A 98413B	Electrical	Outlets and lights added, not on approved plans.	Plans revised, approved 4/22/02. Circuit sizes not affected. Decal #'s 60182 to 60185 released to mfg.	Model 4830, sh E1,	4/23/2002
	98413C 98413D					
2	98413C	Electrical	NM cable not secured within 12" of outlet boxes.	Cable secured within 12"	NEC 336-18	4/19/2002
3	98428 98429	Wall set	Gyp board fastened at 9" oc. Fastening schedule requires 8" oc.	Fasteners added.	Fastening schedule	4/19/2002
4	98430 98431	Roof	Manufacturer unable to provide evidence that they have been licensed by manufacturer of EPDM roofing material to install roofing material.		SBCCI ER #94193, section 9.1 (Firestone RubberGard)	
5	98430 98431	Roof	EPDM system not fastened in accordance with manufacturer's installation instructions and SBCCI evaluation report.		Firestone Rubber Gard installation instructions; SBCCI ER #94193	



**PLANT INSPECTION PROCEDURAL CHECKLIST**

**Texas Department of  
Licensing and Regulation  
INDUSTRIALIZED HOUSING AND BUILDINGS**

PO Box 12157, Austin, TX 78711  
(512) 463-7346 FAX (512) 475-4364  
(800) 803-9202 - In State Only  
Email Address: [industrialized.buildings@license.state.tx.us](mailto:industrialized.buildings@license.state.tx.us)  
Internet Address: [www.license.state.tx.us](http://www.license.state.tx.us)

Date of Inspection: <u>April 23, 2002</u>
Manufacturer: <u>Modular Perfection</u>
Manufacturer's Registration #IHM- <u>355</u>
Inspector Name/Reg #: <u>Joe Inspect/IHI-193</u>
Inspection Agency/Reg #: <u>Inspect Anytime/IHIA-51</u>

PROCEDURE	YES	NO
1. Did you perform an entrance interview? During the interview did you inform the manufacturer that:	✓	
A. Compliance control manual must function normally as stated in approved compliance control manual?	✓	
B. Compliance control documents (travelers) will be examined for all units that received a decal/insignia or label since last inspection?	✓	
C. Every Texas unit and reciprocal state unit will be inspected and all units with labels affixed will be checked for proper application of decal, insignia, or label, and data plate?	✓	
D. System testing must be inspected at least once every third inspection?	✓	
E. A substantial portion of the energy design system on one or more units must be inspected at least once every third inspection?	✓	
2. Did you review approved design package and request manufacturer notify you of any changes to approved package since last inspection?	✓	
3. Did you review inspection report from last inspection?	✓	
4. Did you document uncorrected deviations from last inspection on present inspection report?	✓	
5. Did you inspect units with uncorrected deviations from last inspection and document corrective action on present report?	✓	
6. Did you inspect all Texas and reciprocal state units on production line and in plant? (Begin inspection at different station than previous inspection. Primary emphasis on inspection to approved package.)	✓	
7. Did you request and witness production tests (required to be inspected at least once every 3 <sup>rd</sup> inspection)?		✓
8. Did you inspect a substantial portion of the energy design system (required at least once every 3 <sup>rd</sup> inspection)?	✓	
9. Did you document all deviations (including compliance control), corrective action, and reference in clear and detailed manner on form #TDLR a0311HB?	✓	
10. Did you inform manufacturer you cannot inspect if approved design is not specific or no approved designs?	✓	
11. Did you check other units past stage of construction for same deviation and notify the Department if deviation was repetitive?	✓	
12. Did you review compliance control travelers for units that received decals/insignia since last inspection and record inadequate/incomplete travelers as deviations?	✓	
13. Did you review past inspection reports for failure of manufacturer to follow compliance control procedures and for failure of manufacturer to provide an approved design?	✓	
14. Did you review your report prior to exit interview, assure information completed, and report legible? Did you document inspections for reciprocal states?	✓	
15. Did you perform an exit interview and (wherever reference is made to confiscating decals, must also confiscate labels for reciprocal states):		
A. Discuss inspection relative to deviations, corrective actions, and compliance control?	✓	
B. Confiscate decals/insignia for units with uncorrected deviations?		✓
C. Confiscate decals/insignia for units not inspected because some aspect of approved design not specific or no approved designs? Inform manufacturer of increase in frequency of inspections if required?		✓
D. Confiscate decals/insignia for failure to follow compliance control procedures (reference paragraph D of procedures)? Inform manufacturer of increase in frequency of inspections if required?		✓
E. Confiscate decals/insignia for all Texas units if inadequate/incomplete travelers for units receiving decal/insignia since last inspection? Inform manufacturer of increase in frequency of inspections?		✓
F. Confiscate decals/insignia & increase frequency of inspections if no approved compliance control manual in plant?		✓
G. Confiscate decals/insignia if tests required, but not performed? Schedule reinspection?		✓
H. Confiscate decals/insignia if inspection of energy compliance design required, but not performed? Schedule reinspection?		✓
15. Did you retain original inspection report and give copy to manufacturer?	✓	

**IF ANSWER TO ANY QUESTION WAS NO, EXPLAIN ON BACK OF FORM.**

**LIST ALL DECAL/INSIGNIA NUMBERS IN THE MANUFACTURER'S POSSESSION (include those confiscated):**

60182 to 60185; 62650 to 62658; 62800; 62802 to 62810; 62788 to 62789; 63233 to 63266

Example revised 9/17/02

## INSTRUCTIONS FOR USING PLANT INSPECTION PROCEDURAL CHECKLIST FORM

Inspection reports must be filed with the "Inspection Record Summary" as the cover page for the report. This form must be completed for all plant inspections.

List all Texas decals or insignia in the manufacturer's possession in the space provided. Include those that have been confiscated or are in control of the third party inspection agency. List only those decals or insignia which have not been affixed to the module or component. Please note that a decal or insignia is not considered affixed because it has been assigned to a module or component.

Complete the general information as indicated below and answer each of the questions. Explain all NO answers in the space provided. Enter the reasons for confiscating decals or insignia in the space provided.

### GENERAL INFORMATION

FIELD NAME	DATA ENTERED
Date of the inspection	Enter the date of the inspection. A separate checklist is required for each inspection date.
Manufacturer	Enter the manufacturer's name. Example: XYZ Modular, Inc.
Manufacturer's Registration #IHM-	Enter the manufacturer's Texas registration number. Example: IHM-300.
Inspector Name/Reg #	Enter the inspector's name and Texas registration number. Example: John D. Inspector/IHI-149.
Inspection Agency/Reg #	Enter the name and Texas registration # of the inspection agency. Example: ABC Inspections/IHIA-51.

<b>EXPLAIN ALL NO ANSWERS:</b>
7 – no tests to witness
15B – decals already in possession of inspector
15C through H – not applicable
<b>REASONS FOR CONFISCATING DECALS OR INSIGNIA (notify Department when necessary to confiscate all decals/insignia in plant; fax copy of inspection report to Department with anticipated date of reinspection any time labels for a reciprocal state are confiscated and fax copy of inspection report on date labels are returned to manufacturer):</b>
No decals confiscated this inspection.

# Inspection Record Summary

Cover Page of Inspection Report

## Texas Department of Licensing and Regulation INDUSTRIALIZED HOUSING AND BUILDINGS

PO Box 12157, Austin, TX 78711  
(512) 463-7346 FAX (512) 475-4364  
(800) 803-9202 - In State Only

Email Address: [industrialized.buildings@license.state.tx.us](mailto:industrialized.buildings@license.state.tx.us)  
Internet Address: [www.license.state.tx.us](http://www.license.state.tx.us)

Date of Inspection: April 30, 2002

Manufacturer: Modular Perfection

Manufacturer's Registration # IHM-355

Inspector Name/Reg #: Joe Inspect/IHI-193

Inspection Agency Name/Reg #: Inspect Anytime/IHIA-51

Summary Page 1 of 1

**Total # Units Inspected = 8**

Did you witness tests during this inspection?  Yes  No

**# of Inspections since tests last witnessed: 2**

Did you inspect a substantial portion of the energy design?  Yes  No **# of Inspections since last inspected: 0**

#	Unit ID Number	TX Decal or Insignia #	E?	Station or Phase	Model # or Project Name/Plan Approval Date/States Inspected	# of Deviations	C?
1	98430	62652	<input checked="" type="checkbox"/>	roof	Model 3880, approved 4/8/02, 4/8/02 for CO	1	<input type="checkbox"/>
2	98431	62653	<input checked="" type="checkbox"/>	roof	Model 3880, approved 4/8/02, 4/8/02 for CO	0	<input type="checkbox"/>
3	99123A	63238	<input checked="" type="checkbox"/>	floor	Delphi ISD, approved 4/26/02	1	<input type="checkbox"/>
4	99123B	63239	<input type="checkbox"/>	floor	Delphi ISD, approved 4/26/02	0	<input type="checkbox"/>
5	99123C	63240	<input type="checkbox"/>	floor	Delphi ISD, approved 4/26/02	1	<input type="checkbox"/>
6	99200	62809	<input checked="" type="checkbox"/>	wall set	Leases R Us 14 X 80 office, approved 4/26/02	0	<input type="checkbox"/>
7	99201	62810	<input checked="" type="checkbox"/>	wall set	Leases R Us 14 X 80 office, approved 4/26/02	0	<input type="checkbox"/>
8	99233	62803	<input checked="" type="checkbox"/>	wall set	Leases R Us 14 X 80 office, approved 4/26/02, 4/24/02 for CO	0	<input type="checkbox"/>
9			<input type="checkbox"/>				<input type="checkbox"/>
10			<input type="checkbox"/>				<input type="checkbox"/>
11			<input type="checkbox"/>				<input type="checkbox"/>
12			<input type="checkbox"/>				<input type="checkbox"/>
13			<input type="checkbox"/>				<input type="checkbox"/>
14			<input type="checkbox"/>				<input type="checkbox"/>
Total # of Uncorrected Deviations Previous Inspection (Complete only on first page of summary & attach copy of deviation report):						0	
Total # of Uncorrected Deviations This Inspection (Complete only on first page of summary):						0	
Total # of Deviations This Inspection (Complete only on first page of summary):						3	

**LIST ALL UNITS INSPECTED FOR UNCORRECTED DEVIATIONS FROM PREVIOUS INSPECTION.**

Do not list the unit here if deviation was not corrected. **Total units inspected for corrections = 2.**

Unit ID Number	Decal or Insignia #	Previous Insp Date	Unit ID Number	Decal or Insignia #	Previous Insp Date
98430	62652	4/19/02 & 4/23/02			
98431	62653	4/19/02 & 4/23/02			

# Energy Inspection Summary Sheet

## Texas Department of Licensing and Regulation INDUSTRIALIZED HOUSING AND BUILDINGS

PO Box 12157, Austin, TX 78711 (512) 463-7353 FAX (512) 475-4364  
(800) 803-9202 - In State Only

Email Address: [industrialized.buildings@license.state.tx.us](mailto:industrialized.buildings@license.state.tx.us)  
Internet Address: [www.license.state.tx.us](http://www.license.state.tx.us)

Date of Inspection: April 30, 2002

Manufacturer Name: Modular Perfection

Manufacturer's Reg # IHM-355

Inspector Name/Reg #: Joe Inspect/IHI-193

Inspection Agency Name/Reg #: Inspect Anytime/IHIA-51

Compliance Features	Meets	Doesn't Meet
<b>1. Insulation (R-values labeled as certified – must meet or exceed required)</b>		
Wall Insulation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Floor insulation (over unconditioned spaces or crawl spaces)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Roof assembly insulation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Duct insulation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2. Window and Door Requirements (Labeled as certified or default per code – must be no greater than required per approved documents)</b>		
Windows and glazed doors U-factor	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Windows and glazed doors SHGC (Area weighted average for residential cannot exceed 0.4 for climate zones 1 through 7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exterior doors (opaque) U-factor (Maximum of 0.35 for residential – 1 door exempt)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3. Envelope Requirements</b>		
All joints & penetrations are caulked, gasketed, weatherstripped, or otherwise sealed in an approved manner.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Duct connections properly sealed with mastic or UL 181 labeled tape (no duct tape allowed)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vapor barriers installed in all nonvented framed areas in ceilings, walls, and floors in warm-in-winter side of the insulation (not required in climate zones 1 through 7)	<input type="checkbox"/>	<input type="checkbox"/>
Recessed lighting fixtures gasketed and IC rated	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Windows and doors certified as meeting leakage requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>4. Equipment Requirements (Equipment efficiency ratings must meet or exceed current NAECA standards)</b>		
Water heater efficiency rating	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heat pump efficiency rating	<input type="checkbox"/>	<input type="checkbox"/>
Air conditioner efficiency rating	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Furnace efficiency rating	<input checked="" type="checkbox"/>	<input type="checkbox"/>
One temperature control per HVAC system, programmable for commercial buildings. Controls have 5 degree F deadband.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Water heater has integral heat trap or is provided with heat trap.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
HVAC refrigerant lines insulated.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pipes of circulating hot water pipes insulated. First 8 feet of piping in noncirculating water heaters without integral heat traps insulated.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Water heater has setpoint of 110 degrees F if serving dwelling unit, 90 degree F if serving other occupancies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Automatic circulating hot water systems or heat trace have time switches capable of being set to turn system off.	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Lighting Requirements (Commercial Only)</b>		
Independent controls for each space (switch/occupancy sensor). Exceptions – security lighting, building lobby, retail store, mall.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
At least one manual control per area located so that occupants can see area controlled by switch, or switch indicates that lights are on or off, or occupant-sensing sensor.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Two switches, dimmer, or occupancy sensor in each space. Exceptions – only one luminary in space; or area is corridor, storage, restroom, or lobby.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Photocell/astronomical time switch on exterior lights.	<input type="checkbox"/>	<input type="checkbox"/>
Tandem wired one-lamp and three-lamp ballasted luminaries. Exception – Electronic high-frequency ballasted luminaries not on same switch.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exterior lighting supplied through building electrical service.	<input type="checkbox"/>	<input type="checkbox"/>

Example revised 9/17/02

## DEVIATION REPORT

# Texas Department of Licensing and Regulation

## INDUSTRIALIZED HOUSING AND BUILDINGS

PO Box 12157, Austin, TX 78711 (512) 463-7346 FAX: (512)475-4364 (800)803-9202 - In State Only

Email Address: [industrialized.buildings@license.state.tx.us](mailto:industrialized.buildings@license.state.tx.us) Internet Address: [www.license.state.tx.us](http://www.license.state.tx.us)

List ID number of first unit affected followed by ID numbers of all other units affected. Give station or phase of construction for first unit only.

NOTE: Please include total number of pages of deviations in the page number block.

If a deviation from a previous inspection is corrected during the present inspection, attach a copy of that deviation report to the inspection report for the present inspection. Enter the corrective action witnessed and the date of the corrective action.

Date of Inspection: April 30, 2002

Manufacturer: Modular Perfection

Manufacturer's Registration # IHM-355

Inspector Name/Reg #: Joe Inspector/IHI-193

Inspection Agency Name/Reg #: Inspect Anytime/IHIA-51

Page 1 of 1

ITEM #	Unit ID Number	Station or Phase	Description of Deviation Observed	Description of Corrective Action	Reference	Date Corrected
1	99123A	Floor	Unit moved to next station prior to QC signing	Discussed with QC. Reminded plant that	QC Manual	4/30/2002
			off on decking. Note decking and fastening in	frequency of inspections required to be	Inspection	
			conformance with approved plans for unit	increased if 2 or more failures to follow	procedures	
				procedures documented.		
2	99123C	Floor	Incorrect floor joist hanger installed at header, located	Removed and replaced floor joist hanger with	Typical	4/30/2002
			at master bath water closet	Simpson HGLTV hanger.	details,	
					page F3.1,	
					approved	
					2/20/02	
3	98430	Roof	First 8 feet of piping from water heater not insulated.	Insulation added.	IECC 804.5	4/30/2002

## DEVIATION REPORT

# Texas Department of Licensing and Regulation

## INDUSTRIALIZED HOUSING AND BUILDINGS

**PO Box 12157, Austin, TX 78711 (512) 463-7346 FAX: (512)475-4364 (800)803-9202 - In State Only**

**Email Address: [industrialized.buildings@license.state.tx.us](mailto:industrialized.buildings@license.state.tx.us) Internet Address: [www.license.state.tx.us](http://www.license.state.tx.us)**

List ID number of first unit affected followed by ID numbers of all other units affected. Give station or phase of construction for first unit only.

NOTE: Please include total number of pages of deviations in the page number block.

If a deviation from a previous inspection is corrected during the present inspection, attach a copy of that deviation report to the inspection report for the present inspection. Enter the corrective action witnessed and the date of the corrective action.

Date of Inspection: April 19, 2002; reinspect 4/23/02 & 4/30/02

Manufacturer: Modular Perfection

Manufacturer's Registration #IHM-355

Inspector Name/Reg #: Joe Inspector/IHI-193

Inspection Agency Name/Reg #: Inspect Anytime/IHIA-51

Page 1 of 2

ITEM #	Unit ID Number	Station or Phase	Description of Deviation Observed	Description of Corrective Action	Reference	Date Corrected
1	98413A 98413B	Electrical	Outlets and lights added, not on approved plans.	Plans revised, approved 4/20/1999. Circuit sizes not affected. Decal #'s 60182 to 60185 released to mfg.	Model 4830, sh E1,	4/23/2002
	98413C 98413D					
2	98413C	Electrical	NM cable not secured within 12" of outlet boxes.	Cable secured within 12"	NEC 336-18	4/19/2002
3	98428 98429	Wall set	Gyp board fastened at 9" oc. Fastening schedule requires 8" oc.	Fasteners added.	Fastening schedule	4/19/2002
4	98430 98431	Roof	Manufacturer unable to provide evidence that they have been licensed by manufacturer of EPDM roofing material to install roofing material.	Evidence of licensing by manufacturer of EPDM provided, in files. Decal #62652 and 62653 released to mfg.	SBCCI ER #94193, section 9.1 (Firestone RubberGard)	4/30/2002
5	98430 98431	Roof	EPDM system not fastened in accordance with manufacturer's installation instructions and SBCCI evaluation report.	Fastening corrected. Decal #62652 and 62653 released to mfg.	Firestone Rubber Gard installation instructions; SBCCI ER #94193	4/30/2002

**PLANT INSPECTION PROCEDURAL CHECKLIST**

**Texas Department of  
Licensing and Regulation  
INDUSTRIALIZED HOUSING AND BUILDINGS**

PO Box 12157, Austin, TX 78711  
(512) 463-7346 FAX (512) 475-4364  
(800) 803-9202 - In State Only  
Email Address: [industrialized.buildings@license.state.tx.us](mailto:industrialized.buildings@license.state.tx.us)  
Internet Address: [www.license.state.tx.us](http://www.license.state.tx.us)

Date of Inspection: <u>April 30, 2002</u>
Manufacturer: <u>Modular Perfection</u>
Manufacturer's Registration #IHM- <u>355</u>
Inspector Name/Reg #: <u>Joe Inspector/IHI-193</u>
Inspection Agency/Reg #: <u>Inspect Anytime/IHIA-51</u>

PROCEDURE	YES	NO
1. Did you perform an entrance interview? During the interview did you inform the manufacturer that:	✓	
A. Compliance control manual must function normally as stated in approved compliance control manual?	✓	
B. Compliance control documents (travelers) will be examined for all units that received a decal/insignia or label since last inspection?	✓	
C. Every Texas unit and reciprocal state unit will be inspected and all units with labels affixed will be checked for proper application of decal, insignia, or label, and data plate?	✓	
D. System testing must be inspected at least once every third inspection?	✓	
E. A substantial portion of the energy design system on one or more units must be inspected at least once every third inspection?	✓	
2. Did you review approved design package and request manufacturer notify you of any changes to approved package since last inspection?	✓	
3. Did you review inspection report from last inspection?	✓	
4. Did you document uncorrected deviations from last inspection on present inspection report?	✓	
5. Did you inspect units with uncorrected deviations from last inspection and document corrective action on present report?	✓	
6. Did you inspect all Texas and reciprocal state units on production line and in plant? (Begin inspection at different station than previous inspection. Primary emphasis on inspection to approved package.)	✓	
7. Did you request and witness production tests (required to be inspected at least once every 3 <sup>rd</sup> inspection)?	✓	
8. Did you inspect a substantial portion of the energy design system (required at least once every 3 <sup>rd</sup> inspection)?	✓	
9. Did you document all deviations (including compliance control), corrective action, and reference in clear and detailed manner on form #TDLR a0311HB?	✓	
10. Did you inform manufacturer you cannot inspect if approved design is not specific or no approved designs?	✓	
11. Did you check other units past stage of construction for same deviation and notify the Department if deviation was repetitive?	✓	
12. Did you review compliance control travelers for units that received decals/insignia since last inspection and record inadequate/incomplete travelers as deviations?	✓	
13. Did you review past inspection reports for failure of manufacturer to follow compliance control procedures and for failure of manufacturer to provide an approved design?	✓	
14. Did you review your report prior to exit interview, assure information completed, and report legible? Did you document inspections for reciprocal states?	✓	
15. Did you perform an exit interview and (wherever reference is made to confiscating decals, must also confiscate labels for reciprocal states):	✓	
A. Discuss inspection relative to deviations, corrective actions, and compliance control?	✓	
B. Confiscate decals/insignia for units with uncorrected deviations?	✓	
C. Confiscate decals/insignia for units not inspected because some aspect of approved design not specific or no approved designs? Inform manufacturer of increase in frequency of inspections if required?		✓
D. Confiscate decals/insignia for failure to follow compliance control procedures (reference paragraph D of procedures)? Inform manufacturer of increase in frequency of inspections if required?		✓
E. Confiscate decals/insignia for all Texas units if inadequate/incomplete travelers for units receiving decal/insignia since last inspection? Inform manufacturer of increase in frequency of inspections?		✓
F. Confiscate decals/insignia & increase frequency of inspections if no approved compliance control manual in plant?		✓
G. Confiscate decals/insignia if tests required, but not performed? Schedule reinspection?		✓
H. Confiscate decals/insignia if inspection of energy compliance design required, but not performed? Schedule reinspection?		✓
15. Did you retain original inspection report and give copy to manufacturer?	✓	

**IF ANSWER TO ANY QUESTION WAS NO, EXPLAIN ON BACK OF FORM.**

**LIST ALL DECAL/INSIGNIA NUMBERS IN THE MANUFACTURER'S POSSESSION (include those confiscated):**

62652 to 62658; 62802 to 62804; 62806 to 62810; 63233 to 63266

Example revised 9/17/02

## INSTRUCTIONS FOR USING PLANT INSPECTION PROCEDURAL CHECKLIST FORM

Inspection reports must be filed with the "Inspection Record Summary" as the cover page for the report. This form must be completed for all plant inspections.

List all Texas decals or insignia in the manufacturer's possession in the space provided. Include those that have been confiscated or are in control of the third party inspection agency. List only those decals or insignia which have not been affixed to the module or component. Please note that a decal or insignia is not considered affixed because it has been assigned to a module or component.

Complete the general information as indicated below and answer each of the questions. Explain all NO answers in the space provided. Enter the reasons for confiscating decals or insignia in the space provided.

### GENERAL INFORMATION

FIELD NAME	DATA ENTERED
Date of the inspection	Enter the date of the inspection. A separate checklist is required for each inspection date.
Manufacturer	Enter the manufacturer's name. Example: XYZ Modular, Inc.
Manufacturer's Registration #IHM-	Enter the manufacturer's Texas registration number. Example: IHM-300.
Inspector Name/Reg #	Enter the inspector's name and Texas registration number. Example: John D. Inspector/IHI-149.
Inspection Agency/Reg #	Enter the name and Texas registration # of the inspection agency. Example: ABC Inspections/IHIA-51.

#### EXPLAIN ALL NO ANSWERS:

15B through H – not applicable

#### REASONS FOR CONFISCATING DECALS OR INSIGNIA (notify Department when necessary to confiscate all decals/insignia in plant; fax copy of inspection report to Department with anticipated date of reinspection any time labels for a reciprocal state are confiscated and fax copy of inspection report on date labels are returned to manufacturer):

No decals confiscated this inspection