

# QCI Final Inspection Checklist



**Weatherization Works  
in South Carolina**

Agency:	Client Name:	Date:
QCI:	Job#	Inspection #1 _____ Inspection #2 _____
Address:		
Auditor/Estimator:		
Subcontractor(s):		

Site-Built       Mobile       Manufactured       Multi-Family       Shelter

Conditioned Space - Total Sq. Ft. \_\_\_\_\_

**Notes:**

## BLOWER DOOR DIAGNOSTICS

Pre: _____ @cfm50	Post: _____ @cfm50	QCI final: _____ @cfm50
Attic zonal: _____ Pa	Crawl zonal: _____ Pa	Wall zonals (if DP):
		Front: _____ n/a <input type="checkbox"/>
		Right: _____ n/a <input type="checkbox"/>
		Left: _____ n/a <input type="checkbox"/>
		Back: _____ n/a <input type="checkbox"/>

**Notes:**

## VENTILATION - SWS 6.6002.3, 6.6003.5, 6.6005.1, 6.6204.1, 6.9901.1, 6.6002.5

Dryer Vented? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A			
Rigid/Semi-Rigid ducting used? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A			
Bath 1	Bath 2 <input type="checkbox"/> n/a	Bath 3 <input type="checkbox"/> n/a	Kitchen:
vented? <input type="checkbox"/> Y <input type="checkbox"/> N	vented? <input type="checkbox"/> Y <input type="checkbox"/> N	vented? <input type="checkbox"/> Y <input type="checkbox"/> N	vented? <input type="checkbox"/> Y <input type="checkbox"/> N
cfm:	cfm:	cfm:	cfm:
gas? <input type="checkbox"/> Y <input type="checkbox"/> N			
window? <input type="checkbox"/> Y <input type="checkbox"/> N	window? <input type="checkbox"/> Y <input type="checkbox"/> N	window? <input type="checkbox"/> Y <input type="checkbox"/> N	window? <input type="checkbox"/> Y <input type="checkbox"/> N

**Notes:**

## ASHRAE COMPLIANCE - SWS 6.9901.1

REDCalc Target present? <input type="checkbox"/> Y <input type="checkbox"/> N	REDCalc Post present? <input type="checkbox"/> Y <input type="checkbox"/> N	correct? <input type="checkbox"/> Y <input type="checkbox"/> N
Adjustment made at Final Inspection? <input type="checkbox"/> Y <input type="checkbox"/> N	Continuous? <input type="checkbox"/> Y <input type="checkbox"/> N	timer? <input type="checkbox"/> Y <input type="checkbox"/> N
	de minimus (<15 cfm)? <input type="checkbox"/> Y <input type="checkbox"/> N	

**Notes:**

HEATING/COOLING - SWS 5.30 - 5.33									
Replacement? →	<input type="checkbox"/> Y <input type="checkbox"/> N	Documentation?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Pictures?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				
Repair? →	<input type="checkbox"/> Y <input type="checkbox"/> N	Documentation?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Pictures?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				
Filters left with client?			<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Instructions for replacement?		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A			
Clean and Tune?	<input type="checkbox"/> Y <input type="checkbox"/> N	Proper venting?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Liner?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				
Setback Thermostat	<input type="checkbox"/> Y <input type="checkbox"/> N								
<b>Notes:</b>									
DUCTS - SWS 3.1602.9, 4.1601.1, 4.1601.2, 6.6002.1, 6.6002.4, 6.6102.1, 6.6102.7									
Duct air-sealing present?			<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Duct insulation present?		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A			
Duct R-value ≥ R-8?			<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Boots/metal fittings insulated?		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A			
Duct insulation grade:	Pass			Fail			<input type="checkbox"/> N/A		
	<input type="checkbox"/> Grade I		<input type="checkbox"/> Grade II		<input type="checkbox"/> Grade III				
	High Quality		Needs Improvement		Poor Quality				
Duct Modification/Repair?			<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Duct Tester: Total _____ Outside _____		<input type="checkbox"/> N/A			
Static Pressure Supply _____ Pa			<input type="checkbox"/> N/A	Static Pressure Return _____ Pa		<input type="checkbox"/> N/A			
Duct Pressure (Pa)									
<b>Notes:</b>									
COMBUSTION SAFETY - SWS 2.0201.1, 2.0201.2, 2.0201.3									
Appliance 1 N/A <input type="checkbox"/>				Appliance 2 N/A <input type="checkbox"/>					
Type:				Type:					
<input type="checkbox"/> NG	<input type="checkbox"/> LP	<input type="checkbox"/> Oil	<input type="checkbox"/> Wood	<input type="checkbox"/> Other	<input type="checkbox"/> NG	<input type="checkbox"/> LP	<input type="checkbox"/> Oil	<input type="checkbox"/> Wood	<input type="checkbox"/> Other
<b>Pre</b> CAZ test complete?				<input type="checkbox"/> Y <input type="checkbox"/> N	<b>Pre</b> CAZ test complete?				<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Post</b> CAZ test complete?				<input type="checkbox"/> Y <input type="checkbox"/> N	<b>Post</b> CAZ test complete?				<input type="checkbox"/> Y <input type="checkbox"/> N
Worst Case ___ Pa		Spillage <input type="checkbox"/> Pass <input type="checkbox"/> Fail		Worst Case ___ Pa		Spillage <input type="checkbox"/> Pass <input type="checkbox"/> Fail			
Worst Case Draft ___ Pa		<input type="checkbox"/> Pass <input type="checkbox"/> Fail		Worst Case Draft ___ Pa		<input type="checkbox"/> Pass <input type="checkbox"/> Fail			
Worst Case CO ___ ppm		Amb. CO ___ ppm		Worst Case CO ___ ppm		Amb. CO ___ ppm			
Appliance 3 N/A <input type="checkbox"/>				Gas Range N/A <input type="checkbox"/>					
Type:				Distribution lines checked for leaks? <input type="checkbox"/> Y <input type="checkbox"/> N					
<input type="checkbox"/> NG	<input type="checkbox"/> LP	<input type="checkbox"/> Oil	<input type="checkbox"/> Wood	<input type="checkbox"/> Other	Undiluted Oven CO reading _____ PPM				
<b>Pre</b> CAZ test complete?				<input type="checkbox"/> Y <input type="checkbox"/> N	CO _____		←Rear→	CO _____	
<b>Post</b> CAZ test complete?				<input type="checkbox"/> Y <input type="checkbox"/> N	CO _____		←Front→	CO _____	
Worst Case ___ Pa		Spillage <input type="checkbox"/> Pass <input type="checkbox"/> Fail		Worst Case ___ Pa		Spillage <input type="checkbox"/> Pass <input type="checkbox"/> Fail			
Worst Case Draft ___ Pa		<input type="checkbox"/> Pass <input type="checkbox"/> Fail		Worst Case Draft ___ Pa		<input type="checkbox"/> Pass <input type="checkbox"/> Fail			
Worst Case CO ___ ppm		Amb. CO ___ ppm		Worst Case CO ___ ppm		Amb. CO ___ ppm		Service required? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
<b>Notes:</b>									

HEALTH & SAFETY - SWS 2.0102.1, 2.0106.2, 2.0301, 2.0301.2, 2.0202.1, 2.0601.1 4.1001.2			
Smoke alarm(s) present?	<input type="checkbox"/> Y <input type="checkbox"/> N	CO alarm(s) present?	<input type="checkbox"/> Y <input type="checkbox"/> N
Lead-based paint present?	<input type="checkbox"/> Y <input type="checkbox"/> N	Lead test in file?	<input type="checkbox"/> Y <input type="checkbox"/> N
Asbestos Containing Material (ACM) or Vermiculite addressed?			<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Knob & Tube present?	<input type="checkbox"/> Y <input type="checkbox"/> N	Knob & Tube addressed? (2.0601.1)	<input type="checkbox"/> Y <input type="checkbox"/> N
Unvented Space Heater present?	<input type="checkbox"/> Y <input type="checkbox"/> N	Client CO acknowledgment?	<input type="checkbox"/> Y <input type="checkbox"/> N
<b>Notes:</b>			
BASE LOAD MEASURES - SWS 7.8003.1, 7.8101.1, 7.801.2			
Lighting retrofit complete?	<input type="checkbox"/> Y <input type="checkbox"/> N	DHW tank insulated? (R-24)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
DHW tank replaced?	<input type="checkbox"/> Y <input type="checkbox"/> N	Documentation present in file?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Water lines insulated 6'	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	DHW temperature _____ F°	adjusted? <input type="checkbox"/> Y <input type="checkbox"/> N
Low-flow showerheads?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Aerators installed?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Refrigerator Replacement?	<input type="checkbox"/> Y <input type="checkbox"/> N		
<b>Notes:</b>			
ATTIC - SWS 4.1088.1, 4.1001.3, 4.1005.8, 4.1003.9, 4.1003.11, 4.1003.8, 4.1003.15, 4.1003.10, 4.1004.2			
Attic Insulated?	<input type="checkbox"/> Y <input type="checkbox"/> N	Attic air-sealed?	<input type="checkbox"/> Y <input type="checkbox"/> N
Attic entry A/S and insulated?	<input type="checkbox"/> Y <input type="checkbox"/> N		
Rulers present?	<input type="checkbox"/> Y <input type="checkbox"/> N	Flags?	<input type="checkbox"/> Y <input type="checkbox"/> N
Insulation bag count/date present?	<input type="checkbox"/> Y <input type="checkbox"/> N	Flue dam present?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Exhaust venting?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Knee walls addressed?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Attic ventilation adequate?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
<b>Attic Insulation grade:</b>	Pass		Fail
	<input type="checkbox"/> Grade I	<input type="checkbox"/> Grade II	<input type="checkbox"/> Grade III
	High Quality	Needs Improvement	Poor Quality
Mobile home roof blow?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Roof patching present?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
<b>Notes:</b>			
WALLS - SWS 4.1402.3, 4.1088.6, 4.1004.1, 4.1004.2, 4.1004.3			
Bag count info available?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Material:	<input type="checkbox"/> Fiberglass
Ballon-framed?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		<input type="checkbox"/> Cellulose
<b>Wall Insulation grade:</b>	Pass		Fail
	<input type="checkbox"/> Grade I	<input type="checkbox"/> Grade II	<input type="checkbox"/> Grade III
	High Quality	Needs Improvement	Poor Quality
<b>Notes:</b>			

SUBSPACE - SWS 2.0403.2, 2.0403.3, 4.1601.3			
Crawlspace present? <input type="checkbox"/> Y <input type="checkbox"/> N		Ground Vapor Barrier Install? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Ground Vapor Barrier grade:	Pass		Fail
	<input type="checkbox"/> Grade I	<input type="checkbox"/> Grade II	<input type="checkbox"/> Grade III
	High Quality	Needs Improvement	Poor Quality
<input type="checkbox"/> N/A			
Crawl Insulation grade:	Pass		Fail
	<input type="checkbox"/> Grade I	<input type="checkbox"/> Grade II	<input type="checkbox"/> Grade III
	High Quality	Needs Improvement	Poor Quality
<input type="checkbox"/> N/A			
Floor insulated? <input type="checkbox"/> Y <input type="checkbox"/> N	Wall insulated? <input type="checkbox"/> Y <input type="checkbox"/> N	Band joist insulated? <input type="checkbox"/> Y <input type="checkbox"/> N	
<b>Notes:</b>			
DOORS & WINDOWS - SWS 3.1201.1, 3.1201.2, 3.1203.4, 3.1201.6, 3.1203.3, 3.1201.8, 3.1201.3			
↓ Door(s) replaced? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		↓ Door(s) repaired? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Side		<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Side	
Documentation present? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		Documentation present? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Pictures? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		Pictures? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
↓ Window(s) replaced? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		↓ Window(s) repaired? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Documentation present? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		Documentation present? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Pictures? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		Pictures? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
<b>***Please provide detail in notes section regarding window location(s) repaired or replaced***</b>			
<b>Notes:</b>			
Measure List and Invoice			
All measures installed according to Work Order? <input type="checkbox"/> Y <input type="checkbox"/> N		Invoice checked against materials used? <input type="checkbox"/> Y <input type="checkbox"/> N	
Measures checked against SWS?			<input type="checkbox"/> Y <input type="checkbox"/> N
Proper documentation provided for discrepancies? <input type="checkbox"/> Y <input type="checkbox"/> N		Follow-up needed? <input type="checkbox"/> Y <input type="checkbox"/> N	
<b>Notes:</b>			

Software & Files			
NEAT <input type="checkbox"/>	MHEA <input type="checkbox"/>		
Audit located in client file? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	All (ECM) measures >1 SIR <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Work order reviewed? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Invoice(s) reviewed? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
All diagnostic tests reviewed? <input type="checkbox"/> Y <input type="checkbox"/> N	Signed Client Response? <input type="checkbox"/> Y <input type="checkbox"/> N		
All other necessary documentation forms in client folder? <i>(See Form 1 Client File Checklist)</i> <input type="checkbox"/> Y <input type="checkbox"/> N			
Client Interaction			
All Wx materials removed from jobsite? <input type="checkbox"/> Y <input type="checkbox"/> N	Dirt and debris cleaned before leaving? <input type="checkbox"/> Y <input type="checkbox"/> N		
Client Education provided? <input type="checkbox"/> Y <input type="checkbox"/> N	All release forms signed? <input type="checkbox"/> Y <input type="checkbox"/> N		
Close-out interview conducted by QCI? <input type="checkbox"/> Y <input type="checkbox"/> N	Any client complaints or issues? <input type="checkbox"/> Y <input type="checkbox"/> N		
Client complaints addressed? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Follow-up needed with client? <input type="checkbox"/> Y <input type="checkbox"/> N		
Notes:			
Corrective Action / Missed Opportunities			
1.) Measure:			
Issue:			
Solution:			
2.) Measure:			
Issue:			
Solution:			
3.) Measure:			
Issue:			
Solution:			
4.) Measure:			
Issue:			
Solution:			

5.) Measure:

Issue:

Solution:

6.) Measure:

Issue:

Solution:

7.) Measure:

Issue:

Solution:

**Additional Notes:**

**Sign off**

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

BPI # \_\_\_\_\_ Exp.Date: \_\_\_\_\_

**Quality Control Inspector**

**Credentials**