

QCI Final Inspection Checklist



Weatherization Works
in South Carolina

Agency:		Client Name:		
QCI:		Job#	Date:	
Address:				
Auditor/Estimator:			Crew Leader:	
Subcontractors:				
Site-Built <input type="checkbox"/>	Mobile <input type="checkbox"/>	Manufactured <input type="checkbox"/>	Multi-Family <input type="checkbox"/>	Shelter <input type="checkbox"/>

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 6.60 - 6.99

Dryer Vented? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		Dryer vent installed? <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	gas? <input type="checkbox"/> Y <input type="checkbox"/> N	
cfm:	cfm:	cfm:	cfm:		
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

Target calculation present? <input type="checkbox"/> Y <input type="checkbox"/> N	Post-calculation 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								
Notes:									
Ducts - SWS 3.16 & 4.1601									
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)									
Notes:									
Combustion Safety - SWS 2.02									
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
Pre CAZ test complete?				<input type="checkbox"/> Y <input type="checkbox"/> N	Pre CAZ test complete?				<input type="checkbox"/> Y <input type="checkbox"/> N
Post CAZ test complete?				<input type="checkbox"/> Y <input type="checkbox"/> N	Post 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				
Pre CAZ test complete?				<input type="checkbox"/> Y <input type="checkbox"/> N	CO _____	←Rear→	CO _____		
Post 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			Service required? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A					
Worst Case Draft ___ Pa	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail							
Worst Case CO ___ ppm	Amb. CO ___ ppm								
Notes:									

Health & Safety - SWS 2.03-2.07			
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
Notes:			
Base Load Measures - SWS 7.80-7.88			
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		
Notes:			
Attic - SWS 3.10 / 4.10			
Attic Insulated?	<input type="checkbox"/> Y <input type="checkbox"/> N	Attic air-sealed?	<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
Attic 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
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
Notes:			
Walls - SWS 3.11 / 4.11			
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
Wall 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
Notes:			

Subspace - SWS 3.14 / 4.14			
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
Piers wrapped/Seams sealed? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		Subfloor air-sealed? <input type="checkbox"/> Y <input type="checkbox"/> N <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
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	
Notes:			
Doors & Windows - SWS 3.12			
↓ Door(s) <i>replaced</i> ? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		↓ Door(s) <i>repaired</i> ? <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) <i>replaced</i> ? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		↓ Window(s) <i>repaired</i> ? <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	
Please provide detail in notes section regarding window location(s) repaired or replaced			
Notes:			
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 Standard Work Specifications ?			<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	
Notes:			

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 List Last Page)</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

Documentation Forms that should be in Client Folder

✓ Check applicable boxes

		Yes	No	N/A	Incomplete
01	DBA Application Customer Report - client signature				
02	DBA Weatherization Application - client signature				
03	Income Documentation				
04	Social Security Card				
05	Driver's License or Picture ID				
06	Utility Bill (Electric)				
07	Utility Bill (Non-Electric)				
08	Proof of Age of Site-Built Dwelling - County Assessor's Office				
09	Form 100 Client Interview				
10	Form 101 Homeowner and Fuel Release				
11	Form 102 Mold & Moisture				
12	Form 103A Lead Certified Renovator				
13	Form 103B Lead Pamphlet				
14	Form 104A Unvented Space Heater - Site-Built				
15	Form 104B Unvented Space Heater - Mobile Home				
16	Form 105 Weatherization Services Agreement				
17	Form 106 SHPO Project Review				
18	Form 107 Deferral				
19	Form 200 Insulation Certificate				
20	Form 300 SC Assessment Booklet - NEAT/MHEA				
21	Form 301 Diagnostic Testing				
22	Form 400 Client Review - Note: Agency may use a similar form				
23	Form 500 QC Final Inspection				
24	Form 600 Final Inspection Certification				
25	IWC Inspection (Assessment)				
26	IWC Work Order - Estimated and Actual Costs				
27	Optional Work Order (Form agency provides contractor identifying work to be done)				
28	IWC Change Order				
29	REC Calc				
30	DBA Wx FACSPRO - QC Checklist				
31	Manual J test by HVAC contractor				
32	NEAT Recommended Measures Report				
33	MHEA Recommended Measures Report				
34	Payment Request Form				
35	HVAC Service Form				
36	Warranty Information				
37	Photos - Incidentals, pre-wx, post-wx				

Comments
