South Carolina
QCI Final Inspection
Certification Form

This form certifies that the dwelling had a final inspection by a certified QCI and that all work met the required standards.

DBA FACSPro Job#: _____

_____	_____	_____
Client Name	Address	City

_____	_____	_____
QC Inspector's Name (print)	QC Inspector's Signature	Date

The QCI:

1) ____ **Verified** worker compliance with safety rules.

2) ____ **Evaluated** client satisfaction with in-process and final work:

3) ____ **Reviewed** the client file structure, ensuring that approved forms were completed and signed appropriately.

4) ____ **Assured** that the work order and specifications provided adequate guidance and were understood by the retrofit installers.

5) ____ **Assured** that the work order was implemented as recommended by the dwelling assessment and incorporated the diagnostics.

6) ____ **Assured** that any unusual situations were appropriately addressed and that sufficient documentation was provided to support any changes.

7) ____ **Determined** Pass/Fail of the work, assuring that the installation and materials followed building and safety codes, 10 CFR 440 Appendix A, SWS, and the SC Field Guide.

8) ____ **Confirmed** the proper allocation and documentation of source of funds.

Comments: _____

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