U.S. DEPARTMENT OF ENERGY

**WEATHERIZATION ASSISTANCE PROGRAM**

**QUALITY ASSURANCE FORM**

**Grantee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Subgrantee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Job #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Assessment**  **In Progress**  **Completed/ Date of Completion\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Agency Inspector: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client Name­­­­­­­­­­­­­: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Owner  Renter**

**City/Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pre-1979 Home:  Yes  No**

**Housing Type: Single Family  Mobile Home  Multi-family  Shelter**

**Primary Fuel Type:  Natural Gas  Propane  Electric  Oil  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**FILE REVIEW YES NO N/A**

1. Eligibility Determination present?
2. Energy Audit  Priority List
3. Work Order/Building Weatherization Report
4. Work Agreement
5. Lead­-Paint Notification Documented
6. Certified Renovator Documentation
7. Lead Safe Weatherization Documentation
8. Mold/Moisture Form Documentation
9. Other Hazardous Notification Form
10. State Historic Preservation Documentation
11. Combustion Appliance Safety Tests
12. Pre & Post Combustion Safety Tests
13. Pre & Post Blower Door Results (@CFM 50)

Pre #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Post #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Final Inspection Form Signed
2. Reworks Required by Subgrantee

16. Client Satisfaction Signed/Dated

17. Other (Describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### ON-SITE WORK ASSESSMENT

## Comments – HVAC

**HEATING, VENTILATION, AIR CONDITIONING**

1. Heating System Replacement
2. Air Conditioning Replacement
3. Heating System Tune-Up/Filter
4. Air Conditioning Tune –Up/Filter
5. Distribution System Modifications
6. Duct Sealing
7. Set-Back Thermostat

## Comments – Attic Work

#### ATTIC YES NO N/A

1. Attic Insulation Installed:
2. Good Coverage R-value
3. Insulation Certificate Completed & Posted
4. Heat Source/ Vent Damming
5. Attic Access Insulated and Secured
6. Energy Related Repairs \_\_\_\_\_\_\_\_
7. Work Meets Standards

# Comments - Sidewalls

**YES NO N/A**

**SIDEWALLS & KNEEWALLS**

1. Walls Insulated by WAP
2. Den se-pack method
3. Plugs, Patching, & Painting appropriate
4. Energy Related Repairs: \_\_\_\_\_\_\_\_
5. Work Meets Standards

**SUBSPACE**

## Comments – Subspace

1. Foundation/Perimeter Insulation added:
2. Floor Insulation added by WAP
3. Basement Wall Insulation by WAP
4. Vapor Barrier added; Coverage & Secure
5. Work Meets Standards

## Comments – Windows/Doors

**WINDOWS/DOORS**

1. Number of Windows Replaced: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Proper Justification

SIR >1.0  Health and Safety

1. Number of Storm Windows Installed: \_\_\_\_\_\_\_\_\_
2. Number of Doors Replaced: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Door Weatherstripping/Thresholds/Sweeps
4. Other: Sunscreens / Film
5. Work Meets Standards

## Comments – Other Measures

**OTHER MEASURES**

1. Water Heater Replacement
2. Water Heater Treatment (Tank Wrap)
3. Pipe Insulation
4. Solar Water Heating System added:
5. Low Flow Showerheads
6. Lighting - CFLs Installed:
7. Refrigerator Replacement

a..Metering/other documentation:

1. Smoke /Carbon Monoxide Detectors
2. Other H&S Measures\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Other Energy Related Repairs\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Air Sealiing Measures
5. Other (Describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Work Meets Standards

**Does this unit need additional attention from the agency?**  **Yes  No**

(\*Add comments on additional pages if necessary)

**QA Assessor Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_**