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:\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_**