

## 12.8 Refusal of Services, Indemnification and Waiver of Claims



### Arizona Department of Housing Weatherization Assistance Program

#### REFUSAL FOR SERVICES, INDEMNIFICATION & WAIVER OF CLAIMS

Sub-grantee: Choose One  Client Name:  Client ID#:  Date:

Client Address:  City: , AZ Zip:

Detailed explanation of what is being refused by the client and why:

☐ I, the client (named above) do not want the work listed above to be completed on my home. I understand that by refusing any energy conservation or health and safety measure that I may be lowering the amount of energy saved in my home. I also understand that I may be putting myself and/or others in my home at risk of potential safety problems.

Initial

☐ I, the client (named above) understand that by refusing the work listed above it may affect my overall cost effectiveness of the weatherization work.

Initial

☐ I, the client (named above) understand that by refusing this work, it may result in no work being completed on my home.

Initial

#### Indemnification and Hold Harmless:

Recipient shall indemnify, defend, and save harmless ADOH, the State of Arizona and its agents, officials, and employees as well as the sub-grantee named above from any and all claims, demands, suits, actions, proceedings, loss, costs, and damages of every kind and description, including any attorney's fees and litigation expenses, which may be brought or made against or incurred by the State on account of loss of or damage to any property or for injuries to or death of any person, caused by, arising out of or contributed to, in whole or in part, by reason of any alleged act, omission, professional error, fault, mistake, or negligence of Recipient, its employees, agents, representatives, or subcontractors, their employees, agents, or representatives in connection with or incidental to the performance of this Agreement, or arising out of Workmen's Compensation claims, Unemployment Compensation claims, or Unemployment Disability Compensation claims of employees of Recipient or its subcontractors or claims under similar such laws or obligations. Recipient's obligation under this section shall not extend to any liability caused by the sole negligence of ADOH, the State of Arizona, or its employees.

Client Signature (required)

Date


Sub-grantee Representative Signature (required)

Date

#### FORM INSTRUCTIONS:

1. This form is mandatory and must signed and kept in any client file where work is being refused.
2. This form must be signed by client and sub-grantee representative.
3. Provide a copy of the signed document to the client.

## 12.9 QCI Checklist



**Arizona  
Department  
of Housing**

Arizona Department of Housing Weatherization Assistance Program

Print Form

**QUALITY CONTROL INSPECTION (QCI) CHECKLIST**

Job Name:  Date:

Sub-Grantee: Choose One ADOH WAP Database #:

**Part 1: Client File**

Client File Checklist: Check which of the following items are included in the client file

<p>1.1 <input type="checkbox"/> Client file checklist</p> <p>1.2 <input type="checkbox"/> Eligibility determination and client information</p> <p>1.3 <input type="checkbox"/> Proof of ownership or signed rental agreement</p> <p>1.4 <input type="checkbox"/> Record of Client Communication</p> <p>1.5 <input type="checkbox"/> Client sign-off of scope of work</p> <p>1.6 <input type="checkbox"/> Client sign-off of work completed</p> <p>1.7 <input type="checkbox"/> State Historic Preservation (if applicable)</p> <p>1.8 <input type="checkbox"/> Assessment/Audit (documentation of how the unit was audited)</p> <p>1.9 <input type="checkbox"/> Priority checklist or copy of REM Design</p> <p>1.10 <input type="checkbox"/> Work agreement/notice to proceed</p> <p>1.11 <input type="checkbox"/> Final Inspection Checklist</p> <p>1.12 <input type="checkbox"/> Permits (if applicable)</p> <p>1.13 <input type="checkbox"/> Lead Paint Notification</p> <p>1.14 <input type="checkbox"/> Lead Safe Weatherization Documentation (if applicable)</p> <p>1.15 <input type="checkbox"/> Certified Renovator Documentation (if applicable)</p> <p>1.16 <input type="checkbox"/> Mold/Moisture Assessment</p>	<p>1.17 <input type="checkbox"/> Labor Cost Breakdown</p> <p>1.18 <input type="checkbox"/> Inventory Sheets</p> <p>1.19 <input type="checkbox"/> Invoices/purchase orders for all material installed</p> <p>1.20 <input type="checkbox"/> Vendor's bids and any other documentation necessary for repair or replacements</p> <p>1.21 <input type="checkbox"/> Low-cost/no-cost checklist</p> <p>1.22 <input type="checkbox"/> No previous weatherization checklist</p> <p>1.23 <input type="checkbox"/> Manual J; D; S</p> <p>1.24 <input type="checkbox"/> Confirmation that occupants health conditions were checked during initial application and again during audit</p> <p>1.25 <input type="checkbox"/> Refrigerator protocol page (if applicable)</p> <p>1.26 <input type="checkbox"/> Prior approval waiver (if applicable)</p> <p>1.27 <input type="checkbox"/> Sub-grantee statement of completion</p> <p>1.28 <input type="checkbox"/> Follow-up documented (if applicable)</p> <p>1.29 <input type="checkbox"/> On-site work assessment form signed and dated by final inspector and client satisfaction section signed and dated</p> <p>1.30 <input type="checkbox"/> Utility release form</p>
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**Comments on 1.1-1.30 (for any unchecked items above, explain here):**

Client File Review

<p>1.31. Does the initial audit justify the scope of work?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>1.32. Do the invoices match up to the scope of work?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>1.33. Are the cost of measures within WAP guidelines?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>1.34. Are there pre and post photos of all appliances replaced (if applicable)?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>1.35. Is there pre and post documentation of the serial and model #'s of appliances?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	
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☐ N/A

1.36. Is the insulation certificate present in the client file (if applicable)?

☐ Yes

☐ No

1.37. Is there documentation showing payments/reimbursements?

☐ Yes

☐ No

1.38A. Are there any client complaints on file?

☐ Yes

☐ No

1.38B. If yes, were the complaints handled? Note in comment section.

☐ Yes

☐ No

1.39. Is the combustion safety diagnostic testing results within WAP guidelines?

☐ Yes

☐ No

1.40. Does invoice(s) match the information in state database on work performed page?

☐ Yes

☐ No

1.41. Are there any instances where work completed does not match funding requirements? (Note in comment section)

☐ Yes

☐ No

1.42. Does homeowner meet income eligibility requirements?

☐ Yes

☐ No

**Comments on #1.31-#1.42 (If 'No' to any of the above, explain here):**

### Part 2: In-Progress Inspections:

Was in-progress inspection completed? (not required)

**NOTE:** In-progress questions are hidden until 'Yes' is checked.

☐ Yes

☐ No

### Part 3: In Field - Visual/Sensory Inspections

Final Site Inspection

3.1. Perform exterior and interior walk around of home: Does the home appear to qualify for weatherization per WAP standards?

☐ Yes

☐ No

3.2. Were there any discrepancies seen during visit compared to client file?

☐ Yes

☐ No

3.3. Verify installed measures: A. Were measures done to field guide standards?

☐ Yes

☐ No

3.3B. Were the measures allowable through weatherization?

☐ Yes

☐ No

3.4. Were there any missed opportunities/ audit discrepancies?

☐ Yes

☐ No

3.5. Was there any damage done by contractors/workers?

☐ Yes

☐ No

3.6. Was any non-conformance or exceptional work documented with camera?

☐ Yes

☐ No

☐ N/A

3.7. Were any concerns found during the walk around? (If so, detail in notes)

☐ Yes

☐ No

3.8. Generate a punch list off of failed measures and concerns in note section.

**Comments on #3.1-#3.8 (If 'No' to any of the above, explain here):**

**In Field (Post-Work Diagnostic Inspections): Conduct Health and Safety Tests**

3.9. Perform combustion tests (heating systems, domestic water heater, ovens, stoves, fireplaces, etc.):

☐ N/A

**Indoor Ambient Air:**

Furnace or Space Heater Room:

Reported:

PPM

QCI Testing:

PPM

Water Heater Room:

PPM

PPM

In Kitchen (after 5 minutes):

PPM

PPM

Near Supply Air Registers:

PPM

PPM

Other:

PPM

PPM

**Undiluted Flue:**

Furnace or Space Heater Room:

Reported:

PPM

QCI Testing:

PPM

Water Heater Room:

PPM

PPM

Oven Vent:

PPM

PPM

Other:

PPM

PPM

3.10. Conduct visual moisture evaluations (Note concerns, if any):

3.11. Conduct visual electrical safety tests (Note concerns, if any):

**Comments on #3.9-#3.11 (If 'No' to any of the above, explain here):**

**In Field: Conduct Diagnostic Tests**

3.12. Perform blower door tests:

	Flow Ring	House Pressure	Fan Pressure	Flow (CFM50)
Final Reported Whole House	<input type="text"/>	<input type="text"/> Pa	<input type="text"/> Pa	<input type="text"/>
QCI Whole House	<input type="text"/>	<input type="text"/> Pa	<input type="text"/> Pa	<input type="text"/>

3.13. Perform pressure pan test:								
Register Location:	Reported Pressure:	QCI Pressure:	Register Location:	Reported Pressure:	QCI Pressure:	Register Location:	Reported Pressure:	QCI Pressure:
1.			6.			11.		
2.			7.			12.		
3.			8.			13.		
4.			9.			14.		
5.			10.			15.		

Notes:

3.14. Conduct zonal pressure tests:			
Supply:	<input type="text" value="Choose One"/>	Reported:	<input type="text"/> Pa
Return:	<input type="text" value="Choose One"/>	Reported:	<input type="text"/> Pa
		QCI Testing:	<input type="text"/> Pa

3.15. Perform fan flow tests:						
	Reported CFM	Reported Pascals	Reported Door Used:	QCI CFM	QCI Pascals	QCI-Door Used:
Location: <input type="text"/>	<input type="text"/> CFM	<input type="text"/> Pa	<input type="text"/>	<input type="text"/> CFM	<input type="text"/> Pa	<input type="text"/>
Location: <input type="text"/>	<input type="text"/> CFM	<input type="text"/> Pa	<input type="text"/>	<input type="text"/> CFM	<input type="text"/> Pa	<input type="text"/>
Location: <input type="text"/>	<input type="text"/> CFM	<input type="text"/> Pa	<input type="text"/>	<input type="text"/> CFM	<input type="text"/> Pa	<input type="text"/>

Notes:

3.16. Conduct CAZ Testing		
Appliance:	<input type="text"/>	Reported CAZ <input type="text"/>
Appliance:	<input type="text"/>	Reported CAZ <input type="text"/>
Appliance:	<input type="text"/>	Reported CAZ <input type="text"/>

3.17. Domestic water heater temperature	
<input type="text"/>	Degrees

3.18. Room Pressure		
	Reported Room Pressure	QCI Room Pressure
Room: <input type="text"/>	<input type="text"/> Pa	<input type="text"/> Pa
Room: <input type="text"/>	<input type="text"/> Pa	<input type="text"/> Pa
Room: <input type="text"/>	<input type="text"/> Pa	<input type="text"/> Pa
Room: <input type="text"/>	<input type="text"/> Pa	<input type="text"/> Pa
Room: <input type="text"/>	<input type="text"/> Pa	<input type="text"/> Pa

**Comments on #3.12-#3.18 (If 'No' to any of the above, explain here):****In Field: Identify Work Problems**

3.19. Review the results of all tests. Compare results against pre-test data. Were any discrepancies found?

☐ Yes

☐ No

3.20. Do the results meet field guide standards?

☐ Yes

☐ No

3.21. Were there any missed opportunities identified after diagnostic testing?

☐ Yes

☐ No

3.22. Were any deficiencies found during diagnostic testing that would require corrective actions?

☐ Yes

☐ No

3.23. Generate a punch list in note section of diagnostic results from above that did not meet WAP standards.

**Comments on #3.19-#3.23 (If 'No' to any of the above, explain here):****Part 4: Client Satisfaction****Client Questionnaire**

(Questions to ask the client concerning work performed)

4.1. Homeowner's Name:

4.2. Address:

4.3. Phone #:

4.4. Date of Information Gathered:

4.5. Overall Satisfaction of Work Performed:

4.6. Any Facial Expressions:

4.7. Were the workers courteous and friendly?

4.8. Did all workers clean up after themselves each day?

4.9. Did you hear any of the workers using foul language on the job?



4.10. Did the workers move anything out of the way from where it originally was before, without permission?

4.11. Did the crew leader call you in advance to inform you of the day and time that they would arrive on the job?

4.12. If the workers did not show up on a scheduled day, did someone call you in advance to let you know?

4.13. Did the workers ever block your driveway with their vehicle or park in your driveway, without permission?

4.14. Would you call this contractor back to do other work that is not connected in any way to the Weatherization Assistance Program?

4.15. Since the work has been completed, have you noticed a change in the comfort level of your home?

4.16. Since the work has been completed have you noticed any difference in your utility bills?

**Comments on #4.1-4.16(If 'No' to any of the above, explain here):**

### **Part 5: Verify Separation of Work & Required Signatures**

\*The initial audit and QCI can be performed by the same entity, all other jobs performed must be completed by different individuals.

**Initial Inspector:**

5.1. Name of Initial Auditor:

5.2. Company of Initial Auditor:

5.3. Date of Initial Audit:

**Crew Foreman**

5.4. Name of Crew Foreman

5.5. Company of Crew Foreman

**Final Inspector**

5.6. Name of Final Inspector

5.7. Company of Final Inspector

5.8. Date of Final Inspection

## QCI Inspector

5.9. Name of QCI Inspector

5.10. Company of QCI Inspector

5.11. Date of Final QCI Inspection

5.12. Signature of QCI Inspector

## Any Further Comments:

## FORM INSTRUCTIONS:

1. This form is mandatory and must be present every completed client file that had DOE funding used on the project.
2. There are objects that are not visible until certain other items are checked and visibility is necessary. Please be sure to fill out each section in it's entirety to ensure that all necessary items appear and are completed.
3. List both recorded final numbers and new QCI numbers for comparison.
4. Be sure that all dates are entered as well as who performed each process.