

GEORGIA WEATHERIZATION ASSISTANCE PROGRAM

QUALITY CONTROL INSPECTION FORM

Version: September 2020

Agency:			
Inspection Date:			
Job #:			
Client Name:			
Own/Rent:			
Address:			
City:			
Year of Construction/Manufacturing:			
Site Built/Manufactured Home/Multi-Family:			
Primary Heating Fuel Type:			
FILE REVIEW			
Wx Application completed/signed?	Yes/No/NA	Notes:	
Documentation for Income/Categorical Eligibility?	Yes/No/NA	Notes:	
Client/Owner/Tenant Agreement/Authorization Form?	Yes/No/NA	Notes:	
Mold Pamphlet & Radon Consent Form sign-off sheet?	Yes/No/NA	Notes:	
NEAT/MHEA Input/Recommended Measures/Assessment Form (or GEFA Assessment Form) in client file?	Yes/No/NA	Notes:	
Final Inspection Sheet or QCI Form signed/dated by client/owner (see end of form)?	Yes/No/NA	Notes:	
EPA Lead RRP Rule left with client, noted in file?	Yes/No/NA	Notes:	
Lead Safe Test Documentation w/photo (pre-1978)?	Yes/No/NA	Notes:	
Combustion Safety Test (pre, in-progress, post)?	Yes/No/NA	Notes:	
Correct Record of Wx Materials Installed?	Yes/No/NA	Notes:	
Correct Invoices for Completed WAP Work?	Yes/No/NA	Notes:	
Change Orders?	Yes/No/NA	Notes:	
Before & After Wx Photo Documentation?	Yes/No/NA	Notes:	
ASHRAE 62.2 Ventilation Rate Calculator Before & After Work Sheet?	Yes/No/NA	Notes:	
Sizing Calc. (Manual J) for HVAC replacements in file?	Yes/No/NA	Notes:	
Warranty Form (client signed & dated)?	Yes/No/NA	Notes:	
Client Provided Instructions for mechanical equipment: ERV, Timers, HVAC equipment, Space Heaters, T-stats, Bath/Kitchen Exhaust, DWH Tanks/Tankless ...	Yes/No/NA	Notes:	
DOE Job Cost \$:			
DHS-HHS Job Cost \$:			
Other Cost \$:			
Heating Venting Air Conditioning			
Note: ECM (Energy Conservation Measure), HS (Health & Safety, list health & safety or at-risk reason in notes section), or NA (Not Applicable).			
Heating System Replacement: ECM/HS/NA?	ECM/HS/NA	Notes:	
Heating System Repair: ECM/HS/NA?	ECM/HS/NA	Notes:	
Heating System Tune-Up: ECM/HS/NA?	ECM/HS/NA	Notes:	
Air Conditioning Replacement: ECM/HS/NA?	ECM/HS/NA	Notes:	
Air Conditioning Repair: ECM/HS/NA?	ECM/HS/NA	Notes:	
Air Conditioning Tune-Up: ECM/HS/NA?	ECM/HS/NA	Notes:	
Distribution System Modifications?	Yes/No/NA	Notes:	
Duct Sealing (Reference: SWS 3.1602 Duct Sealing)? Do not use foam board or spray foam in returns.	Yes/No/NA	Notes:	
Programmable Thermostat Installed?	Yes/No/NA	Notes:	
Insulation Installed Hard Pipe Ductwork, Plenums and Duct Boots, R-8? (Insulation must be installed w/appropriate tape/metal wire/rot proof nylon twine; Reference: SWS 4.16 Insulating Ducts) Do not use spray foam to insulate ducts.	Yes/No/NA	Notes:	
Local Mechanical Exhaust Ventilation Installed? (New installs must test-out: Kitchen Range \geq 100 cfm, Kitchen Ceiling/Wall Exhaust \geq 300 cfm, Bathroom \geq 50 cfm)	Yes/No/NA	Notes:	
Whole Building Ventilation Installed per ASHRAE 62.2?	Yes/No/NA	Notes:	
Permits for HVAC work/installs in Client File?	Yes/No/NA	Notes:	
12-month supply HVAC Filters (MERV 6 min.) w/Client?	Yes/No/NA	Notes:	
ATTIC			
Insulation Installed? (Level, Proper Coverage, Rulers, Insulation Certificate filled in accordingly and posted)	Yes/No/NA	Notes:	
Knob/Tube Present, Signage Posted?	Yes/No/NA	Notes:	
Proper Heat Source Damming & Air Sealing?	Yes/No/NA	Notes:	
Insulation Baffles Installed?	Yes/No/NA	Notes:	
Junction Boxes Covered?	Yes/No/NA	Notes:	
Flags or Markers Installed?	Yes/No/NA	Notes:	
Attic Access Insulated & Dammed?	Yes/No/NA	Notes:	
Attic Air Sealing? (Insulation moved to air seal, must be placed back & leveled out.)	Yes/No/NA	Notes:	
Non-Accessible Attic: Ceiling by-passes Air Sealed?	Yes/No/NA	Notes:	
Insulation blown in through ceiling/plugged/patched?	Yes/No/NA	Notes:	
Insulation installed through roof?	Yes/No/NA	Notes:	
WALLS			
Walls Insulation installed, properly dense-packed per manufacturer/plugged/patched/caulked?	Yes/No/NA	Notes:	
Knee-wall Insulation installed? (R-18 w/approved fire barrier, foam board listed for uncovered use in attic, or covered with a fire barrier)	Yes/No/NA	Notes:	
Wall Air Sealing?	Yes/No/NA	Notes:	
Knee-wall Access Insulated & Weather-stripped?	Yes/No/NA	Notes:	
CRAWL-SPACE & BASEMENT			
Band-board/Rim-joist Insulation Installed?	Yes/No/NA	Notes:	
Floor Insulation Installed?	Yes/No/NA	Notes:	
Basement/Crawl-space Wall Insulation Installed?	Yes/No/NA	Notes:	
Vapor Barrier Installed (100%) accordingly to Single Family or Manufactured Housing Field Guide?	Yes/No/NA	Notes:	

Crawl-space Signage: Do Not Store Hazardous Flammable Materials. & Caution, Do Not Damage V.B. If Damaged.?	Yes/No/NA		Notes:
Crawlspace/Basement Air Sealing Performed?	Yes/No/NA		Notes:
Manufactured/Mobile Home Air Sealing at floor inside belly? (Must take photos prior to sealing up belly)	Yes/No/NA		Notes:
M.H. Ductwork sealed or repaired, inside belly? (Must take photos prior to sealing up belly)	Yes/No/NA		Notes:
M.H. Insulation Installed in Belly?	Yes/No/NA		Notes:
Belly repaired/replaced?	Yes/No/NA		Notes:
WINDOWS & DOORS			
Windows Replaced/GEFA approval?	Yes/No/NA		Notes:
Window Sun Screening or Window Film Installed?	Yes/No/NA		Notes:
Doors Replaced/GEFA approval?	Yes/No/NA		Notes:
Door Weather-stripping/Door Sweeps?	Yes/No/NA		Notes:
Window Weather-stripping?	Yes/No/NA		Notes:
DOMESTIC WATER HEATER			
Water Heater Replaced: ECM/HS/NA	ECM/HS/NA		Notes:
Temp. & Pressure Relief Valve Installed?	Yes/No/NA		Notes:
T & P Discharge Pipe Installed?	Yes/No/NA		Notes:
Hot Water Temp. ≤ 120 degrees F?	Yes/No/NA		Notes:
Water Heater Insulation Installed? (Must have spacers if using reflective radiant bubble wrap insulation)	Yes/No/NA		Notes:
Pipe Insulation Installed, hot & cold pipes?	Yes/No/NA		Notes:
Low Flow Showerheads Installed (≤ 2.5 gpm)?	Yes/No/NA		Notes:
Aerators Installed (≤ 2.2 gpm)?	Yes/No/NA		Notes:
OTHER			
LEDs or CFLs Installed?	Yes/No/NA		Notes:
Smoke Alarm(s) Installed?	Yes/No/NA		Notes:
Carbon Monoxide Alarm(s) Installed?	Yes/No/NA		Notes:
Pressure Diagnostic Testing performed? 1. Living area to Attic; Living area to Crawlspace; Living area to Attached Garage; 2. When performing Living area to Garage or Crawlspace, NOTE: garage door should be opened and crawlspace vents and access door should be open. 3. Rooms to Common Area (Reference: SWS 6.6201.2 Air Flow between Rooms)	Yes/No/NA		Notes:
Attached Garage/Living area Wall/Ceiling Air Sealed (Ducts, pipes, wires, wallboard, trim, threshold, door...) verified w/Blower Door & Smoke Stick/IR Camera?	Yes/No/NA		Notes:
Combustion Appliance Zone Sealed?	Yes/No/NA		Notes:
HVAC Utility Closet Door: if door to utility closet has a filter in it, this door must have weather-stripping/door sweep?	Yes/No/NA		Notes:
Exhaust Vent Duct Insulation - Outside Conditioned Space? (New Installs Only)	Yes/No/NA		Notes:
Clothes Dryer, Semi-Rigid, Rigid Metal Duct or Foil UL 2158A Installed, no PVC or plastic ducting?	Yes/No/NA		Notes:
Screen Mesh Installed for Exhaust Terminations?	Yes/No/NA		Notes:
Refrigerant Line Sets Insulated R-4, replace if worn?	Yes/No/NA		Notes:
Incidental Repairs needed and within dollar limit?	Yes/No/NA		Notes:
REQUIRED CORRECTIVE ACTION			
<p>Note: All corrections must be completed and signed off by the Crew Leader (CL). When corrections are completed the Quality Control Inspector (QCI) must sign off affirming that required deficiencies were addressed to GA WAP standards. If the job was inspected and all corrections were made on the final day of the job, the CL and QCI must sign the Inspection Form to verify completion. Final day inspections must reflect corrections cited by the QCI. Inspection Form must be included in client file.</p>			
Correction(s) Needed:	Crew Leader Name (CL)		Quality Control Inspector Name (QCI)
	CL		QCI
* Crew Leader Name (print):			
Signature or e-signature:			
Date:			
* Quality Control Inspector Name (print):			
Signature or e-signature:			
Certification #:			
Date:			
I hereby confirm all measures have been installed accordingly and this job is complete.			Yes/No
(Below: Optional Client Signature for the Final Inspection/Job Completion)			
* Client Signature confirming job completion:			Date:

Unit Documentation

Blower Door Readings	Pre:		Post:		Monitoring Visit (MV)
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Pre Weatherization Pressure Pan Readings	Pre	MV
Family Room:		
Dining Room:		
Living Room:		
Den:		
Laundry:		
Kitchen:		
Hallway:		
Master Bedroom:		
Bedroom 1:		
Bedroom 2:		
Bedroom 3:		
Master Bathroom:		

Bathroom 1:		
Bathroom 2:		
Other:		

NOTES:	
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Photos

COMBUSTION SAFETY TEST SHEET

Client Name:		Date:	
Address:		Pre/In-Progress/Post:	
County:		Tester Name:	

AMBIENT CO & GAS LEAK TESTING (Testing will be done per BPI Standard 1200)

* Ambient CO will be monitored during combustion testing. Testing will be discontinued if ambient CO level inside the home or work space exceeds 35 ppm.

* **Emergency Problem:** Ambient gas levels greater than 10% Lower Explosion Limit (LEL), Ambient CO Levels that exceed 70 ppm, Communicate immediately and clearly to customer, Evacuate the home, Notify appropriate personnel, HVAC person, Utility, etc. * **Significant Problem:** Gas leak less than 10% LEL, Ambient CO Levels exceed 35 ppm but less than 70 ppm, Communicate immediately to customer and appropriate solutions will be suggested.

Determine combustion/make up air, not needed if all testing passes per BPI 1200.

Test gas lines, connections, fittings & shut-off valves for gas leaks.

Ambient CO ppm:	Pass or Fail:
Combustion and/or Make-up Air Needed Yes or No:	
Gas Leak(s) Yes (mark location) or No:	Tested Gas Lower Explosion Limit Level:

WORST CASE DEPRESSURIZATION TEST (Testing will be done per BPI Standard 1200)

Place combustion appliance(s) in standby mode, put house in wintertime condition. Close all exterior doors, windows, fireplace damper, passive vents, etc.

Turn off air moving devices (HVAC, bathfans, range hood, clothes dryer, etc).

Setup manometer and hoses to record Base Pressure. CAZ with reference to outdoors.

Create gross worst case depressurization. Turn on all exhaust appliances accordingly, except whole-house cooling fan and open/close doors accordingly to create worst case.

Calculate net worst case depressurization.

Describe configuration of home to achieve worst case depressurization:			
CAZ # 1 Location:	Gross Pressure:	Minus Base Pressure:	Net Pressure:
CAZ # 2 Location:	Gross Pressure:	Minus Base Pressure:	Net Pressure:
CAZ # 3 Location:	Gross Pressure:	Minus Base Pressure:	Net Pressure:

SPILLAGE TEST (Testing will be done per BPI Standard 1200)

Perform testing under worst case depressurization.

Cold Vent (except domestic water heater): Spillage assessed at 5 minutes of main burner operation.

Warm Vent in domestic water heaters or warm vents: Spillage assessed at 2 minutes of main burner operation.

Cold vent pertains to appliance with heat setting turned off (not in use, not heating season). Warm vent pertains to appliance with the heat setting turned on (currently in use to heat).

*Cold Vent: Fails Over 5 Minutes *Warm Vent: Fails Over 2 Minutes *See Table D.1.A.			
Combustion Appliance:	CAZ #	Seconds Spillage Stops:	Pass or Fail:
Combustion Appliance:	CAZ #	Seconds Spillage Stops:	Pass or Fail:
Combustion Appliance:	CAZ #	Seconds Spillage Stops:	Pass or Fail:

CARBON MONOXIDE TEST (Testing will be done per BPI Standard 1200)

Combustion Analyzer must be calibrated outside.

Test undiluted CO and record the level. Action levels for CO exceeding the appropriate threshold in Section 7.9.5, Table 1 shall be in accordance with Annex D, Table D.1.B.

*CO measurement shall be compared with the appropriate CO threshold in Section 7.9.5, Table 1, *CO Thresholds for Fossil Fuel-Fired Appliances (Table 1)			
Combustion Appliance:	CAZ #	Tested CO ppm	Pass or Fail:
Combustion Appliance:	CAZ #	Tested CO ppm	Pass or Fail:
Combustion Appliance:	CAZ #	Tested CO ppm	Pass or Fail:
*Do Not test sealed combustion units if difficult or dangerous to access exhaust termination.			

RANGE TOP & OVEN TESTING (Testing will be done per BPI Standard 1200)

Range Top Burners: Inspect range top burners for cleanliness, if excessively dirty, recommend cleaning to reduce possibility of unacceptable emissions.

Oven Test: Turn oven on to bake temperature of 500 degrees, do not turn all the way up or to self-cleaning, take CO reading after 5 minutes of operation.

*Oven: Service needed immediately by qualified professional if CO exceeds 225 ppm as measured or 800 ppm air free, CO(o).

Tested CO:	Issue(s) Noted:
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OTHER COMBUSTION APPLIANCES (Unvented Space Heater, Gas Log, Gas Dryer)

*With appliance on, measure CO after 5 minutes of main burner operation. *Compare the CO measurement with the appropriate threshold in Section 7.9.5, Table 1.

*Unvented Space Heaters, removal is required, except one (1) as emergency heat where the unit conforms to ANSI Z21.11.2. *Units that do not meet ANSI Z21.11.2 must be removed.

Combustion Appliance:	Location	Tested CO ppm	Pass or Fail:
Combustion Appliance:	Location	Tested CO ppm	Pass or Fail:
Combustion Appliance:	Location	Tested CO ppm	Pass or Fail:
Combustion Appliance:	Location	Tested CO ppm	Pass or Fail:

NOTES: