

Missouri Weatherization Assistance Program

Quality Control Inspection Form

Job Number: _____

Client Name: _____

Blower Door Test Data

Pre-test ☐ Depressurize ☐ Pressurize**Post-test** ☐ Depressurize ☐ PressurizeBasement Door ☐ Open ☐ Closed ☐ N/ABasement Door ☐ Open ☐ Closed ☐ N/A

Building Pressure _____ pa

Building Pressure _____ pa

Flow Ring Installed _____

Flow Ring Installed _____

CFM₅₀ _____ CFM₅₀CFM₅₀ _____ CFM₅₀

Zonal Pressure Diagnostics (WRT Indoors)

Pre-test

Building Pressure _____ pa

Attic _____ pa

Unconditioned Basement/Crawlspace _____ pa

Attached Garage _____ pa

Post-test

Building Pressure _____ pa

Attic _____ pa

Unconditioned Basement/Crawlspace _____ pa

Attached Garage _____ pa

Initial Auditor (Print Name) _____

Initial Audit Date _____

Target CFM₅₀ _____ CFM₅₀ (must match target used in the computerized audit)

FINAL INSPECTION CERTIFICATION: This dwelling has been final inspected by the Quality Control Inspector whose signature appears below. He/she certifies that the weatherization work performed on this home has been properly done in accordance with the Standard Work Specifications, Missouri Weatherization State Plan and Technical Standards.

Within the specified guidelines the agency has:

Correctly followed the computerized audit priority system and associated cost estimates

Combustion appliances are properly vented and pass spillage (if applicable)

Carbon monoxide levels are within the standards for equipment and indoor air quality

Home is in compliance with ASHRAE 62.2

All measures and materials listed on the job work order are installed

Workmanship meets or exceeds standards

Additional Action

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Corrected
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Corrected
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Corrected
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Corrected
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Corrected
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Corrected

☐ Home Passed☐ Additional Action Required☐ Home Passed☐ Additional Action Required

Infiltration QCI (Print Name) _____

Signature _____

Date _____

HVAC QCI (Print Name) _____

Signature _____

Date _____

Comments or Additional Action Required: _____

Inspection of Additional Action Required:

Rework Final Inspector (Print Name) _____

Signature _____

Date _____

☐ Home Passed☐ Home Failed

Location of Weatherization Labels

1. ☐ Basement Floor Joist

Location: _____

☐ Attic Rafter

Location: _____

2. ☐ Electric Panel☐ Water Heater☐ Heating System☐ Other: _____

Fuel Types

Heating System

☐ Natural Gas☐ Propane☐ Oil☐ Electric☐ Other: _____

Water Heater

☐ Natural Gas☐ Propane☐ Electric☐ Other: _____

Oven

☐ Natural Gas☐ Propane☐ Electric

Dryer

☐ Natural Gas☐ Propane☐ Electric☐ N/A

November 2018