

QCI Final Inspection Checklist



**Weatherization Works
in South Carolina**

Agency:		Client Name:		
QCI:		Job#	Date:	
Address:				
Auditor/Estimator:			Crew Leader:	
Subcontractors:				
Site-Built <input type="checkbox"/>	Mobile <input type="checkbox"/>	Manufactured <input type="checkbox"/>	Multi-Family <input type="checkbox"/>	Shelter <input type="checkbox"/>

Notes:

Blower Door Diagnostics

Pre: _____ @cfm50		Post: _____ @cfm50		QCI final: _____ @cfm50	
Attic zonal: ____ Pa	Crawl zonal: ____ Pa	Wall zonals (if DP):	Front: n/a <input type="checkbox"/>	Right: n/a <input type="checkbox"/>	Left: n/a <input type="checkbox"/>
			Back: n/a <input type="checkbox"/>		

Notes:

Ventilation - SWS 6.60 - 6.99

Dryer Vented? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		Dryer vent installed? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Rigid/Semi-Rigid ducting used? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A			
Bath 1	Bath 2 <input type="checkbox"/> n/a	Bath 3 <input type="checkbox"/> n/a	Kitchen:
vented? <input type="checkbox"/> Y <input type="checkbox"/> N	vented? <input type="checkbox"/> Y <input type="checkbox"/> N	vented? <input type="checkbox"/> Y <input type="checkbox"/> N	vented? <input type="checkbox"/> Y <input type="checkbox"/> N
cfm:	cfm:	cfm:	cfm:
window? <input type="checkbox"/> Y <input type="checkbox"/> N	window? <input type="checkbox"/> Y <input type="checkbox"/> N	window? <input type="checkbox"/> Y <input type="checkbox"/> N	window? <input type="checkbox"/> Y <input type="checkbox"/> N
			gas? <input type="checkbox"/> Y <input type="checkbox"/> N

Notes:

ASHRAE Compliance - SWS 6.9901.1

Target calculation present? <input type="checkbox"/> Y <input type="checkbox"/> N	Post-calculation present? <input type="checkbox"/> Y <input type="checkbox"/> N	correct? <input type="checkbox"/> Y <input type="checkbox"/> N
Adjustment made at Final Inspection? <input type="checkbox"/> Y <input type="checkbox"/> N	Continuous? <input type="checkbox"/> Y <input type="checkbox"/> N	timer? <input type="checkbox"/> Y <input type="checkbox"/> N
	de minimus (<15 cfm)? <input type="checkbox"/> Y <input type="checkbox"/> N	

Notes:

Heating/Cooling - SWS 5.30 - 5.33									
Replacement? → <input type="checkbox"/> Y <input type="checkbox"/> N		Documentation? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		Pictures? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A					
Repair? → <input type="checkbox"/> Y <input type="checkbox"/> N		Documentation? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		Pictures? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A					
Filters left with client? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				Instructions for replacement? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A					
Clean and Tune? <input type="checkbox"/> Y <input type="checkbox"/> N		Proper venting? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		Liner? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A					
Setback Thermostat <input type="checkbox"/> Y <input type="checkbox"/> N									
Notes:									
Ducts - SWS 3.16 & 4.1601									
Duct air-sealing present? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				Duct insulation present? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A					
Duct R-value ≥ R-8? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				Boots/metal fittings insulated? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A					
Duct insulation grade:		Pass				Fail		<input type="checkbox"/> N/A	
		<input type="checkbox"/> Grade I		<input type="checkbox"/> Grade II		<input type="checkbox"/> Grade III			
		High Quality		Needs Improvement		Poor Quality			
Duct Modification/Repair? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				Duct Tester: Total _____ Outside _____ <input type="checkbox"/> N/A					
Static Pressure Supply _____ Pa <input type="checkbox"/> N/A				Static Pressure Return _____ Pa <input type="checkbox"/> N/A					
Duct Pressure (Pa)									
Notes:									
Combustion Safety - SWS 2.02									
Appliance 1 N/A <input type="checkbox"/>					Appliance 2 N/A <input type="checkbox"/>				
Type:					Type:				
<input type="checkbox"/> NG	<input type="checkbox"/> LP	<input type="checkbox"/> Oil	<input type="checkbox"/> Wood	<input type="checkbox"/> Other	<input type="checkbox"/> NG	<input type="checkbox"/> LP	<input type="checkbox"/> Oil	<input type="checkbox"/> Wood	<input type="checkbox"/> Other
Pre CAZ test complete? <input type="checkbox"/> Y <input type="checkbox"/> N					Pre CAZ test complete? <input type="checkbox"/> Y <input type="checkbox"/> N				
Post CAZ test complete? <input type="checkbox"/> Y <input type="checkbox"/> N					Post CAZ test complete? <input type="checkbox"/> Y <input type="checkbox"/> N				
Worst Case _____ Pa		Spillage <input type="checkbox"/> Pass <input type="checkbox"/> Fail			Worst Case _____ Pa		Spillage <input type="checkbox"/> Pass <input type="checkbox"/> Fail		
Worst Case Draft _____ Pa		<input type="checkbox"/> Pass <input type="checkbox"/> Fail			Worst Case Draft _____ Pa		<input type="checkbox"/> Pass <input type="checkbox"/> Fail		
Worst Case CO _____ ppm		Amb. CO _____ ppm			Worst Case CO _____ ppm		Amb. CO _____ ppm		
Appliance 3 N/A <input type="checkbox"/>					Gas Range N/A <input type="checkbox"/>				
Type:					Distribution lines checked for leaks? <input type="checkbox"/> Y <input type="checkbox"/> N				
<input type="checkbox"/> NG	<input type="checkbox"/> LP	<input type="checkbox"/> Oil	<input type="checkbox"/> Wood	<input type="checkbox"/> Other	Undiluted Oven CO reading _____ PPM				
Pre CAZ test complete? <input type="checkbox"/> Y <input type="checkbox"/> N					CO _____		←Rear→	CO _____	
Post CAZ test complete? <input type="checkbox"/> Y <input type="checkbox"/> N					CO _____		←Front→	CO _____	
Worst Case _____ Pa		Spillage <input type="checkbox"/> Pass <input type="checkbox"/> Fail							
Worst Case Draft _____ Pa		<input type="checkbox"/> Pass <input type="checkbox"/> Fail							
Worst Case CO _____ ppm		Amb. CO _____ ppm			Service required? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				
Notes:									

Health & Safety - SWS 2.03-2.07				
Smoke alarm(s) present? <input type="checkbox"/> Y <input type="checkbox"/> N		CO alarm(s) present? <input type="checkbox"/> Y <input type="checkbox"/> N		
Lead-based paint present? <input type="checkbox"/> Y <input type="checkbox"/> N	Lead test in file? <input type="checkbox"/> Y <input type="checkbox"/> N	Client Sign off? <input type="checkbox"/> Y <input type="checkbox"/> N		
Asbestos Containing Material (ACM) or Vermiculite addressed? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				↓
Knob & Tube present? <input type="checkbox"/> Y <input type="checkbox"/> N	Knob & Tube addressed? (2.0601.1) <input type="checkbox"/> Y <input type="checkbox"/> N			
Unvented Space Heater present? <input type="checkbox"/> Y <input type="checkbox"/> N	Client CO acknowledgment? <input type="checkbox"/> Y <input type="checkbox"/> N			
Notes:				
Base Load Measures - SWS 7.80-7.88				
Lighting retrofit complete? <input type="checkbox"/> Y <input type="checkbox"/> N	DHW tank insulated? (R-24) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A			
DHW tank replaced? <input type="checkbox"/> Y <input type="checkbox"/> N	Documentation present in file? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A			
Water lines insulated 6' <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	DHW temperature _____ F°		adjusted? <input type="checkbox"/> Y <input type="checkbox"/> N	
Low-flow showerheads? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Aerators installed? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A			
Refrigerator Replacement? <input type="checkbox"/> Y <input type="checkbox"/> N				
Notes:				
Attic - SWS 3.10 / 4.10				
Attic Insulated? <input type="checkbox"/> Y <input type="checkbox"/> N	Attic air-sealed? <input type="checkbox"/> Y <input type="checkbox"/> N	Attic entry A/S and insulated? <input type="checkbox"/> Y <input type="checkbox"/> N		
Rulers present? <input type="checkbox"/> Y <input type="checkbox"/> N	Flags? <input type="checkbox"/> Y <input type="checkbox"/> N	Flue dam present? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Insulation bag count/date present? <input type="checkbox"/> Y <input type="checkbox"/> N		Knee walls addressed? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Exhaust venting? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		Attic ventilation adequate? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Attic Insulation grade:	Pass		Fail	<input type="checkbox"/> N/A
	<input type="checkbox"/> Grade I	<input type="checkbox"/> Grade II	<input type="checkbox"/> Grade III	
	High Quality	Needs Improvement	Poor Quality	
Mobile home roof blow?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		Roof patching present? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Notes:				
Walls - SWS 3.11 / 4.11				
Bag count info available? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Material: <input type="checkbox"/> Fiberglass			
Ballon-framed? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Cellulose			
Wall Insulation grade:	Pass		Fail	<input type="checkbox"/> N/A
	<input type="checkbox"/> Grade I	<input type="checkbox"/> Grade II	<input type="checkbox"/> Grade III	
	High Quality	Needs Improvement	Poor Quality	
Notes:				

Subspace - SWS 3.14 / 4.14				
Crawlspace present? <input type="checkbox"/> Y <input type="checkbox"/> N		Ground Vapor Barrier Install? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Ground Vapor Barrier grade:	Pass		Fail	<input type="checkbox"/> N/A
	<input type="checkbox"/> Grade I	<input type="checkbox"/> Grade II	<input type="checkbox"/> Grade III	
	High Quality	Needs Improvement	Poor Quality	
Piers wrapped/Seams sealed? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		Subfloor air-sealed? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Crawl Insulation grade:	Pass		Fail	<input type="checkbox"/> N/A
	<input type="checkbox"/> Grade I	<input type="checkbox"/> Grade II	<input type="checkbox"/> Grade III	
	High Quality	Needs Improvement	Poor Quality	
Floor insulated? <input type="checkbox"/> Y <input type="checkbox"/> N	Wall insulated? <input type="checkbox"/> Y <input type="checkbox"/> N	Band joist insulated? <input type="checkbox"/> Y <input type="checkbox"/> N		
Notes:				
Doors & Windows - SWS 3.12				
↓ Door(s) replaced ? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		↓ Door(s) repaired ? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Side		<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Side		
Documentation present? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		Documentation present? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Pictures? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		Pictures? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
↓ Window(s) replaced ? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		↓ Window(s) repaired ? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Documentation present? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		Documentation present? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Pictures? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		Pictures? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Please provide detail in notes section regarding window location(s) repaired or replaced				
Notes:				
Measure List and Invoice				
All measures installed according to Work Order? <input type="checkbox"/> Y <input type="checkbox"/> N		Invoice checked against materials used? <input type="checkbox"/> Y <input type="checkbox"/> N		
Measures checked against Standard Work Specifications ?				<input type="checkbox"/> Y <input type="checkbox"/> N
Proper documentation provided for discrepancies? <input type="checkbox"/> Y <input type="checkbox"/> N		Follow-up needed? <input type="checkbox"/> Y <input type="checkbox"/> N		
Notes:				

Software & Files			
NEAT <input type="checkbox"/>	MHEA <input type="checkbox"/>		
Audit located in client file? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		All (ECM) measures >1 SIR <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Work order reviewed? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		Invoice(s) reviewed? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
All diagnostic tests reviewed? <input type="checkbox"/> Y <input type="checkbox"/> N		Signed Client Response? <input type="checkbox"/> Y <input type="checkbox"/> N	
All other necessary documentation forms in client folder? <i>(See List Last Page)</i> <input type="checkbox"/> Y <input type="checkbox"/> N			
Client Interaction			
All Wx materials removed from jobsite? <input type="checkbox"/> Y <input type="checkbox"/> N		Dirt and debris cleaned before leaving? <input type="checkbox"/> Y <input type="checkbox"/> N	
Client Education provided? <input type="checkbox"/> Y <input type="checkbox"/> N		All release forms signed? <input type="checkbox"/> Y <input type="checkbox"/> N	
Close-out interview conducted by QCI? <input type="checkbox"/> Y <input type="checkbox"/> N		Any client complaints or issues? <input type="checkbox"/> Y <input type="checkbox"/> N	
Client complaints addressed? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		Follow-up needed with client? <input type="checkbox"/> Y <input type="checkbox"/> N	
Notes:			
Corrective Action / Missed Opportunities			
1.) Measure:			
Issue:			
Solution:			
2.) Measure:			
Issue:			
Solution:			
3.) Measure:			
Issue:			
Solution:			
4.) Measure:			
Issue:			
Solution:			

