

Quality Control Inspection Form - Weatherization Assistance Program

Address: _____ Job: _____

Client Name: _____ Agency: _____ Contractor: _____

Energy Auditor: _____ Audit Date: _____

Quality Control Inspector: _____ QCI Date: _____

DIAGNOSTIC TESTING

Square Footage: _____

Blower Door

Test	Pre	Target	Post
BD CFM50			
Attic Zonal		X	
Floor Zonal		X	
Wall Zonal		X	
Pressure Pan Location			

ASHRAE 62.2 2016

Location	Pre	Operable Window	Post
Bath 1			
Bath 2			
Kitchen			

Duct Blower Measurements

Test	CFM		Pre	Target	Post
Fan Flow	Total				
	Outside				
At Duct Pressure	Total				
	Outside				
House Pr. WRT Outside	Total				
	Outside				

Combustion Safety

TEST		APPLIANCE				
		Furnace	DHW	Dryer	Stove	UVSH
Fuel Leak	Pre					
	Post					
CO	Pre					
	Post					
Spillage	Pre					
	Post					
Efficiency	Pre					
	Post					
CAZ	Pre					
	Post					

Lead Safe Practices

Is an EPA Certified Renovator required? _____ If yes, is there proof of RRP? _____

Is Lead Safe Weatherization required? _____ If yes, is picture documentation provided? _____

INSPECTION RESULTS

Measure: _____ Pass: _____ Fail: _____

Comments: _____ Pass with Justification: _____ SWS: _____

Measure: _____ Pass: _____ Fail: _____

Comments: _____ Pass with Justification: _____ SWS: _____

Measure:_____

Pass:_____ Fail:_____

Comments:

Pass with Justification:_____ SWS:_____

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Pass with Justification:_____ SWS:_____

Measure: _____	Pass: _____ Fail: _____
Comments: _____	Pass with Justification: _____ SWS: _____

Measure: _____	Pass: _____ Fail: _____
Comments: _____	Pass with Justification: _____ SWS: _____

Measure: _____	Pass: _____ Fail: _____
Comments: _____	Pass with Justification: _____ SWS: _____

Measure: _____	Pass: _____ Fail: _____
Comments: _____	Pass with Justification: _____ SWS: _____

I, _____, certify that the weatherization work identified has been completed in a satisfactory manner to the best of my knowledge. I understand that if the work is not satisfactorily completed due to poor workmanship, I do not have to sign this form. I further understand that I may appeal such dissatisfaction with the agency.

(Client's Signature)

(Date)

The work identified in this form was inspected and approved by:

(Post-Auditor's Signature)

(Date)