



WAP SUBGRANTEE:

Client/Job Information

Bldg #: _____ QC Inspection # _____ Start Date of QC Inspection: _____

Project Address				Multi Family Building Type	
Number & Street:				<input type="checkbox"/> Low Rise (1 – 3 Stories)	
City:		ZIP:		<input type="checkbox"/> High Rise (4+ Stories)	
Pre-1978 Building:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Group Home/Shelter (5+ Units)		
Building on Historical Register:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number of units: _____ (5+ units)		
Primary Fuel Type					
<input type="checkbox"/> Oil	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Propane	<input type="checkbox"/> Other	
Enter Primary Fuel Type for 'Other': _____					
Client Name: _____					
<input type="checkbox"/> Owner	<input type="checkbox"/> Owner's Authorized Representative				
Quality Control Inspection					
Auditor who modeled building / developed work scope: _____					
<input type="checkbox"/> WAP Subgrantee Employee		<input type="checkbox"/> Subcontractor			
QC Inspector Name: _____					
<input type="checkbox"/> WAP Subgrantee Employee		<input type="checkbox"/> Subcontractor		<input type="checkbox"/> HCR Field Representative	
BPI ID # for QCI (if applicable): _____			Expiration Date: _____		
Preliminary Notes:					

Project File Review

{YES = Present/Complete/Correct; NO = Not Present or Incomplete/Incorrect; N/A = Not Applicable}			
Required Documents: ADMINISTRATIVE	YES	NO	N/A
Client Application(s) (Form#4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proof(s) of Ownership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eligibility Documentation (includes Form#51 if used)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client Communications / Notifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signed Preliminary Agreement (Form#6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Owner Agreement w/ Work Scope (Form#8C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proof Tenant Synopsis (-es) Provided (Form#9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signed Household Questionnaire(s) (Form#11 – includes Lead Hazard Notification when applicable to project)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Utility Bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
State Historic Preservation Documentation (SHPO; when applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health & Safety Notifications (Form#15, if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bid / Bid Related Documents (including Form#25 if Building specific)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permits (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Insulation Certificate (if applicable to project)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statement(s) of Completion – Form #43 (if applicable to project)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation of Lead Safe Work Practices being followed / used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copies of any lead (or other) testing results (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subcontractor Certified Lead Renovator Documentation – if Building Specific (if not, verify via Procurement file)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance Certificate (if applicable to project; if not, on file w/ Subgrantee)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client Satisfaction Signed / Dated (BWS Form#19)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change Order(s) (Measure or Cost inputs deviation documented)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating Appliance Tag(s) (Form#39 – if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Project Invoices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Describe) / Any Administrative File Notes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
Required Documents: AUDIT / MODEL			
Audit Data Collection / Project Notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SSE Test Results (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indoor Air Quality Form (Form#14) <input type="checkbox"/> Pre <input type="checkbox"/> Post – if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASHRAE 62.2 Calculator / Notes (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator Evaluation Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Justification / Prior Approval Documents (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Order(s) / Scope(s) for Subgrantee Crew(s) / Subcontractor(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MF Audit Report or TIPS25 Building Energy Profile Reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-progress Inspection Notes / Reports (when applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Describe) / Any Audit or Model specific Notes:			
Questions on Audit / Model:	YES	NO	N/A
DOE-approved audit run on the building?(<input type="checkbox"/> EA-QUIP or <input type="checkbox"/> TREAT or <input type="checkbox"/> TIPS25)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Input data appropriate for building?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel, material and labor costs used reasonable and current for the area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Owner Buy Down measures performed included in Audit / Model?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Only eligible SIR measures reflected in WAP Work Scope (incl. owner buydown)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Model cost inputs within reason of actual cost totals? (See BWS Form #19)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Scope consistent with proposed measures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audit and work scope measures consistent with DOE protocols?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
Required Documents: JOB SITE / CREW LEADER / PROJECT MANAGER	YES	NO	N/A
Materials Installed List(s) – if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-unit CAZ Test Results Documentation (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Describe) / Any Job Site File Notes:			
Comments:			
Quality Control Inspector – FILE EVALUATION*	YES	NO	
All Files Meet NYS WAP Standards	<input type="checkbox"/>	<input type="checkbox"/>	
FILE REVIEW FINDINGS / COMMENTS:			

*If **NO**, Subgrantee must see Findings / Comments, address issue(s), file this QC inspection form and provide new QC Inspection Form, numbered accordingly, for next QC inspection attempt. Files that fail to contain the necessary information for a NYS WAP project, or contain substantially inaccurate information, and can't be remedied immediately, should never result in a 'YES' / certified response as part of the quality evaluation.

WORK QUALITY / ON-SITE WORK ASSESSMENT (verify against work scope for project)

{YES= Affirmative and/or Correct; NO= Negative and/or Incorrect; N/A= Not Applicable to Work Scope}

Directions: In this section, if the measure was a component of the work scope, answer the questions that follow in the section as described above; if not, check the box next to the heading, skip that measure's section and move to the next section.

Air Sealing ☐ Not a component of the Work Scope

Questions:	YES	NO	N/A
Was all air sealing on work scope completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was air sealing included in work scope SIR eligible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were typical attic by-passes (e.g., plumbing, HVAC, and electrical penetrations in attic floor) sealed per program requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were other typical by-passes (e.g., plumbing, HVAC, and electrical penetrations in floor over basement / crawl space) sealed per program requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were holes in sidewalls sealed per program requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is mechanical ventilation present / operational to address indoor air quality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

Heating System ☐ Not a component of the Work Scope

Questions:	YES	NO	N/A
Was heating appliance and / or distribution system evaluated per program requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the efficiency of the furnace / boiler able to be tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> If YES, was the tested efficiency accurately recorded and input into the energy audit software? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a heating system clean-and-tune performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If replacement system, does installed model or AFUE agree with proposed model or AFUE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

Heating Ducts/Distribution ☐ Not a component of the Work Scope

Questions:	YES	NO	N/A
Were any distribution problems identified and resolved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were ducts tested for leakage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were ducts or heating pipes in unconditioned space insulated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were ducts in unconditioned space sealed per program requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

Domestic Hot Water ☐ Not a component of the Work Scope

Questions:	YES	NO	N/A
If called for in the work scope, was the water heater, pipes, pressure relief valve / tube or fittings repaired or replaced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If applicable, was the water heater tank replaced per program requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were water heater pipes insulated per program guidance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does pressure relief valve discharge tube terminate within six inches of floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were low-flow showerheads installed per program guidance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were faucet aerators installed per program guidance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

Attic Insulation ☐ Not a component of the Work Scope

Questions:	YES	NO	N/A
If part of work scope, was <i>entire</i> attic area insulated? (If no, add comment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does post-weatherization insulation thickness conform to the amount of insulation called for in work order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If applicable, was adequate clearance maintained between insulation and appliance flues or chimneys?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If applicable, were insulation baffles properly installed per program guidance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was attic insulated per program requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

Wall Insulation ☐ Not a component of the Work Scope

Questions:	YES	NO	N/A
Was the interior wall integrity maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were holes plugged and siding removed replaced with good workmanship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did inspector verify the amount of insulation added?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did inspector use <input type="checkbox"/> thermal imaging or were sidewalls <input type="checkbox"/> accessed / probed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a dense-pack uniformly achieved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was Wall Insulation installed per work order and program requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

Floor / Band / Foundation Insulation ☐ Not a component of the Work Scope

Questions:	YES	NO	N/A
Were floors, band board, rim joist and / or foundation walls insulated per work order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If performed, were floors, band board, rim joist and / or foundation walls insulated with high-quality materials and workmanship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an existing ground vapor barrier in the crawl space?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• If NO, should one have been added?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

Windows and Doors ☐ Not a component of the Work Scope

Questions:	YES	NO	N/A
If windows and / or doors were modeled, did DOE-approved energy audit show them to be cost effective?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If windows were installed, was measure justified as:			
<input type="checkbox"/> Conduction measure <input type="checkbox"/> Infiltration measure <input type="checkbox"/> Repair			
If doors were installed, was measure justified as:			
<input type="checkbox"/> Conduction measure <input type="checkbox"/> Infiltration measure <input type="checkbox"/> Repair			
Were windows and / or doors installed per program requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

Electric Base-Load Measures ☐ Not a component of the Work Scope

Questions:	YES	NO	N/A
Were appropriate incandescent light bulbs and / or fixtures replaced with CFLs / LEDs per program replacement protocols?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the primary refrigerator replaced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• If YES, were NYS WAP PPM refrigerator auditing procedures followed and does replacement refrigerator type meet standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• If YES, was old refrigerator removed from premises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

Final Questions / Energy Conservation Measures, Necessary Incidental Repairs and Health & Safety:	YES	NO	N/A
Were incidental repairs necessary for the effective performance or preservation of weatherization materials or to remediate energy related Health & Safety (H & S) conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• If YES, were repairs done to program requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were energy related H & S Conditions addressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do general H & S Conditions unrelated to WAP measures undertaken still possibly exist?	<input type="checkbox"/>	<input type="checkbox"/>	
• If YES, they could be: <input type="checkbox"/> Asbestos-like material <input type="checkbox"/> Lead Based Paint <input type="checkbox"/> Mold <input type="checkbox"/> Moisture <input type="checkbox"/> Electrical <input type="checkbox"/> Other _____			
H & S Notification(s) (Form#15) and/or "Lead-Safe Certified Guide to Renovate Right" related to the above was issued?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under existing H & S conditions, was proceeding with WAP work appropriate per Program standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All energy conservation measures inspected were consistent with model & work scope and installed / performed per program requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Higher priority SIR energy measures were installed, with no measures skipped, relative to modeling and budgetary constraints?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

On Site Work Quality Evaluation

Project On Site Quality Rating:	Meets NYS WAP Requirements <input type="checkbox"/>	Unacceptable <input type="checkbox"/>
<i>An On Site 'Unacceptable' rating should never result in a certified Multi-family project.</i>		

QCI CERTIFIED MULTI-FAMILY PROJECT? ☐ YES ☐ NO

If Project is not certified then below the QCI must supply reason for failure and a description of issues, along with any Subgrantee Guidance for correcting issues (add additional pages whenever necessary); If Project is certified but QCI noted areas for improvement, space below can be used for recording advice (additional pages may be added whenever necessary) :

I have reviewed the project file and have inspected the job site according to New York State Weatherization Assistance Program requirements, policies and procedures.

QC Inspector Name (Print): _____

Company Name (if Subcontractor): _____

Signature: _____

Date: _____

If project is 'CERTIFIED', a signed copy of this document must be placed in the Project File.

If project is 'NOT CERTIFIED', Subgrantee must also save this signed form to Project File; WAP subgrantee must provide new version of this form to their QCI, numbered accordingly, to perform the follow-up QC inspection following the correction of all issues.

HCR's QCI will supply Subgrantee with a signed copy of their QC inspection form (w/ testing results and notes where applicable) and retain a copy for HCR's program file.

☐ **DIAGNOSTIC TESTING ATTACHED**

☐ **ADDITIONAL NOTES ATTACHED**

☐ Not dictated by Work Scope[illegible]☐ Not dictated by Work ScopeRevised September 2024