

CONNECTICUT WEATHERIZATION ASSISTANCE PROGRAM

Quality Assurance(QA) Inspection Report

Agency:	Job Name:	Inspection Date(s):
	Job Number:	
Contractor (s) :	Subgrantee QCI:	Grantee QCI:
	Credentials:	Credentials:
Energy Auditor:	Audit Inspection Date:	Grantee QCI on-site:
Inspection type: Audit	WIP	Client Ed.
	Callback Required:	Other visit type:

Building Type:	Conditioned Area (Square Feet) (As per REDCalc ASHRAE 62.2-2016)
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Measures	Pass	Fail	Missed Opportunity	SWS Reference	Comments/ SWS reference details
Attic Prep (Flags, Rulers)				4.0103.7a, .7c	
Attic Air Sealing				3.01,3.0102, 3.0103	
Chimney Air Sealing				3.0102	
Recessed Lights				3.0102	
Attic Hatch/Pull down				3.0102	
Attic Damming				3.0102	
Attic Insulation - Open				4.01, 4.0102, 4.0103, 4.0104	
Attic - Floored				4.0103	
Kneewalls				4.0104	
Kneewall Transitions				4.0104	
Slopes				4.0102.3a	
Kneewall Floor				4.0104	
Venting (attic req.)				4.0188.2a	
Basement Air Sealing				3.0104	
Duct Sealing				5.0106	
Band Joist/Sill Insulation				4.0401	
Basement Overhead Ins.				4.03	
Garage Overhead Ins.				4.03	
Duct Insulation				5.0107	
Hydro/Steam Pipe Ins				5.0202.2	
Vapor Barrier				2.0202, 2.0401.1	
Sidewall Insulation				4.02	
Windows Weatherstripping				3.02	
Window Repairs				3.02	
Window Replacement				3.02	
Door Weather stripping				3.0202	
Door Repairs				3.0202	
Door Replacement				3.0202	
Repairs				3.0202	
Other ECMs: (Comments)					
Health & Safety Issues:				2	
Lead Regs Compliance					
Moisture related				2.02	
VOC/Asbestos/other H&S					
Electrical-K&T				2.03	
Certificate of Insulation				4.0103.7f	
Client Education/Satisfaction					
Client File Review					

COMMENT / OBSERVATIONS

DOE WEATHERIZATION CONTRACTOR IN-PROCESS INSPECTION (QA)

Subgrantee:		Contractor(S):		Inspection Date (s):	
Subgrantee EA or QCI:		Grantee Monitor:		Grantee QCI:	

	Pass	Fail	Comments
DOE LSW/LEAD RRP Safe Practices being performed			
Asbestos Notification Documents			
Mold and Moisture Documents			
Radon Informed Consent Documents			
Installed Materials/Equipment Documents			
Client Education Provided			
Building Permit – displayed			
Crew Chief Credentials: BPI, LSW, RRP, OSHA 10			
Crew Credentials: BPI, LSW, RRP, OSHA 10			
DOE SWS manual or electronic copy on hand			
Field Guide – CT WAP Ops. Manual on hand			

Standard Work Specifications being met			
General Safe work Practices			
General work site condition			
Blower Door & Manometer – Proper use / Acceptable condition, Calibration check			

Insulation Machine Test	Inches of WC	Pa	Pass	Fail	Comments – Last tested date and by Whom.

Comments, Observations:	Go-Backs or Change Orders Issued:

Sign Off (All On-Site)

Subgrantee QCI Name:	Signature:
	Date:
Credentials:	Expiration Dates:
Crew Chief Name:	Signature:
	Date:
Credentials:	Expiration Dates:
Retrofit Installer Name(s):	Signature:
	Date:
Credentials:	Expiration Dates:
Grantee Monitor Name:	Signature:
	Date:
Credentials:	Expiration Dates:
Grantee QCI Name:	Signature:
	Date:
Credentials:	Expiration Dates:
Client Name:	Signature:
	Date:
Client Signatory Name:	Signature:
	Date: