

QCI Final Inspection Checklist			CONNECTICUT WEATHRIZATION ASSISTANCE PROGRAM			
Agency:		Client Name:			Audit Date:	
QCI Date (s):		Job#	Inspection #1 _____		Inspection #2 _____	
Address:						
Auditor:		Credential:		BPI #		
Subcontractor(s):						
Site-Built <input type="checkbox"/>	Mobile <input type="checkbox"/>	Manufactured <input type="checkbox"/>	Multi-Family <input type="checkbox"/>	Shelter <input type="checkbox"/>		
<b>Notes:</b>  <b>Conditioned Area (SqFt)</b> _____ <b>Outdoor Temperature</b> _____ <b>(As per REDCalc ASHRAE 62.2-2016)</b>						
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"/>			
<b>Notes:</b>  <b>Attached or tuck-under Garage zonal: _____ Pa</b>						
VENTILATION - SWS Sections- 6, 6.01, 6.02, 6.03						
Dryer Vented? <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	gas? <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			
<b>Notes:</b>						
ASHRAE COMPLIANCE -						
REDCalc Target present? <input type="checkbox"/> Y <input type="checkbox"/> N		REDCalc Post 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 Sections-**  
5, 5.01, 5.01019, 5.0108, 5.0188  
5.02, 5.03, 5.05, 5.88

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
Chimney Conditions:	Heating System (1)	DHW
Appliance (2)	Solid Fuel	Other
Setback Thermostat <input type="checkbox"/> Y <input type="checkbox"/> N		

**Notes:**

**Existing Efficiency%** \_\_\_\_\_ **Target Efficiency%** \_\_\_\_\_ **Final Efficiency%** \_\_\_\_\_

**DUCTS - SWS Sections- 5.01, 5.0105, 5.0106, 5.0107,**

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				
<b>Duct insulation grade:</b>	<b>Pass</b>		<b>Fail</b>		<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)					

**COMBUSTION SAFETY -Sections- 5.05, 5.0501, 5.0502, 5.0503, 5.0504**

<b>Appliance 1 N/A <input type="checkbox"/></b>					<b>Appliance 2 N/A <input type="checkbox"/></b>					
Type:					Type:					
Fuel Supply lines checked for leaks? <input type="checkbox"/> Y <input type="checkbox"/> N					Fuel Supply 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	<input type="checkbox"/> NG	<input type="checkbox"/> LP	<input type="checkbox"/> Oil	<input type="checkbox"/> Wood	<input type="checkbox"/> Other	
PreCAZ test complete? <input type="checkbox"/> Y <input type="checkbox"/> N					PreCAZ test complete? <input type="checkbox"/> Y <input type="checkbox"/> N					
PostCAZ test complete? <input type="checkbox"/> Y <input type="checkbox"/> N					PostCAZ 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				
Natural ___ Pa	Pass _____ Fail _____				Natural ___ Pa	Pass _____ 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				
<b>Appliance 3 N/A <input type="checkbox"/></b>					<b>Gas Range N/A <input type="checkbox"/></b>					
Type:					Fuel Supply lines checked for leaks? <input type="checkbox"/> Y <input type="checkbox"/> N					
Fuel Supply 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					
PreCAZ test complete? <input type="checkbox"/> Y <input type="checkbox"/> N					CO _____		←Rear	CO _____		
PostCAZ test complete? <input type="checkbox"/> Y <input type="checkbox"/> N							→			
Worst Case ___ Pa	Spillage <input type="checkbox"/> Pass <input type="checkbox"/> Fail				CO _____		←Front	CO _____		
Natural ___ Pa	Pass _____ 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:**

<b>HEALTH &amp; SAFETY - SWS Sections- 2, 2.01, 2.02, 2.03, 2.04</b>			
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
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
<b>Notes:</b>			
Radon Informed Consent Issued?			
Radon Precautionary Measures Recommended/Installed? (List)			
Health and Safety Disclaimers Issued? (List)			
<b>BASE LOAD MEASURES - SWS Sections-7, 7.01, 7.02, 7.03, 7.04</b>			
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		
<b>Notes:</b>			
<b>ATTIC - SWS Sections- 3.01, 3.0101, 3.0102, 3.0103, 4, 4.01,</b>			
Attic Insulated?	<input type="checkbox"/> Y <input type="checkbox"/> N	Attic air-sealed?	<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
Insulation bag count/date present?	<input type="checkbox"/> Y <input type="checkbox"/> N	Chimney, Whole House Fan dam present?	<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	Knee walls addressed?	<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
<b>Attic Insulation grade:</b>	<b>Pass</b>		<b>Fail</b>
	<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
<b>Notes:</b>			
<b>WALLS - SWS Sections- 4, 4.02</b>			
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
<b>Wall Insulation grade:</b>	<b>Pass</b>		<b>Fail</b>
	<input type="checkbox"/> Grade I	<input type="checkbox"/> Grade II	<input type="checkbox"/> Grade III
	High Quality	Needs Improvement	Poor Quality

**Notes:**

**Insulation Certificate complete? (Location)**

<b>SUBSPACE - SWS Sections- 2.02, 2.0202, 2.04, 2.0401</b>				
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		
<b>Ground Vapor Barrier grade:</b>	<b>Pass</b>		<b>Fail</b>	
	<input type="checkbox"/> Grade I	<input type="checkbox"/> Grade II	<input type="checkbox"/> Grade III	
	High Quality	Needs Improvement	Poor Quality	
<input type="checkbox"/> N/A				
<b>Crawl Insulation grade:</b>	<b>Pass</b>		<b>Fail</b>	
	<input type="checkbox"/> Grade I	<input type="checkbox"/> Grade II	<input type="checkbox"/> Grade III	
	High Quality	Needs Improvement	Poor Quality	
<input type="checkbox"/> N/A				
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		
<b>Notes:</b>				
<b>DOORS &amp; WINDOWS - SWS Sections- 3, 3.01, 3.02, 3.0201, 3.0202qq</b>				
↓ Door(s) <b>replaced</b> ? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		↓ Door(s) <b>repaired</b> ? <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) <b>replaced</b> ? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		↓ Window(s) <b>repaired</b> ? <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		
<b>***Please provide detail in notes section regarding window location(s) repaired or replaced***</b>				
<b>Notes:</b>				
<b>Measure List and Invoice</b>				
All measures installed according to Work Orders? <input type="checkbox"/> Y <input type="checkbox"/> N		Invoices checked against materials used? <input type="checkbox"/> Y <input type="checkbox"/> N		
Measures checked against SWS?				<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	
<b>Notes:</b>				
<b>List all unsatisfactory installations with SWS reference in Corrective Action section below</b>				

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? <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			
<b>1.) Measure:</b>			
Issue:			
Solution:			
<b>2.) Measure:</b>			
Issue:			
Solution:			
<b>3.) Measure:</b>			
Issue:			
Solution:			
<b>4.) Measure:</b>			
Issue:			
Solution:			



**5.) Measure:**

Issue:

Solution:

**6.) Measure:**

Issue:

Solution:

**7.) Measure:**

Issue:

Solution:

**Additional Notes:**

**Sign off**

<b>Subgrantee Quality Control Inspector Name:</b>	<b>Credentials:</b>
<b>Signature:</b>	<b>BPI #</b>
<b>Date:</b>	<b>Expiration Date:</b>

<b>Grantee Quality Control Inspector name:</b>	<b>Credentials:</b>
<b>Signature:</b>	<b>BPI #</b>
<b>Date:</b>	<b>Expiration Date:</b>

<b>Grantee Monitor Name:</b>	<b>Credentials:</b>
<b>Signature:</b>	<b>BPI #</b>
<b>Date:</b>	<b>Expiration Date:</b>

<b>Client or Authorized Signatory Name:</b>	
<b>Signature:</b>	
<b>Date:</b>	