Connecticut
Department of Energy &
Environmental Protection

Connecticut Weatherization Assistance Program
In-Progress Work Observation Form

IN-PROGRESS WORK - OBSERVATION FORM

Site Visit Information			
Date:		Subgrantee:	
Client Name:		Contractor:	
Building Address:	City:	State:	ZIP Code:
Subgrantee QCI/ Staff Present:		State QCI Present:	
Scope of work description:			

YES = Completed/ Correct **NO =** Not Completed / Incorrect **N/A =** Not Applicable to Project

Note: Mandatory items (marked with *) must be observed during in-progress work. If a mandatory item cannot be monitored, an explanation as to why it was skipped must be provided in the notes section.

	Safety & Access	YES	NO	N/A
1	PPE appropriate for job site and conditions used by all workers*	☐	☐	☐
2	Safe access practices used by all workers (e.g., attic, crawlspace, ladders, etc.)*	☐	☐	☐
3	Electrical and combustion hazards appropriately addressed, if present	☐	☐	☐
4	Environmental hazards (e.g., asbestos, mold, etc.) properly addressed before start of work	☐	☐	☐

	Safety & Access	YES	NO	N/A
1	Subgrantee QCI present and actively supervising work*	☐	☐	☐
2	Work matches approved scope and SWS standards*	☐	☐	☐
3	Subgrantee QCI documenting observations in real time*	☐	☐	☐
4	Subgrantee QCI ensures that no ineligible measures are installed*	☐	☐	☐
5	Subgrantee QCI takes notes and photos to document work*	☐	☐	☐
6	Deficiencies, if identified, addressed promptly with crew	☐	☐	☐
7	Permits on site (if required by AHJ)	☐	☐	☐
8	Subgrantee QCI identifies and documents any additional H&S issues, if present	☐	☐	☐
9	Subgrantee QCI collects justification for scope changes, if required	☐	☐	☐

	Work Scope & Materials Verification	YES	NO	N/A
1	Installed measures match approved scope*	☐	☐	☐
2	Materials and quantities match specifications*	☐	☐	☐
3	Proper installation sequence followed*	☐	☐	☐

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	Quality of Installation	YES	NO	N/A
1	Air sealing performed correctly (if able to assess at time of inspection)	☐	☐	☐
2	Insulation meets R-value and is evenly installed (if able to assess at time of inspection)	☐	☐	☐
3	Duct sealing/insulation completed (if applicable)	☐	☐	☐
4	Windows/doors installed per standard (if applicable)	☐	☐	☐
5	Penetrations sealed and venting correct	☐	☐	☐

	Diagnostics & Safety Testing	YES	NO	N/A
1	Blower door or interim pressure checks completed, if required by work being completed	☐	☐	☐
2	Combustion safety testing performed when required, if required by work being completed	☐	☐	☐
3	Ventilation/fan flow verified, if required by work being completed	☐	☐	☐

	Contractor Performance	YES	NO	N/A
1	Crew follows specifications and SWS*	☐	☐	☐
2	Worksite protection and cleanliness maintained*	☐	☐	☐
3	Professional conduct with homeowner*	☐	☐	☐
4	Education provided to homeowner throughout the process*	☐	☐	☐

	Observations and Findings	YES	NO	N/A
1	Deficiencies identified? (If yes, note below)*	☐	☐	☐
2	Corrective action(s) required? (If yes, note below along with suggested timeline(s))*	☐	☐	☐
3	Follow-up required? *	☐	☐	☐

Notes/ Findings

Last Modified: 2/23/2026