





**YES** = Present/Complete/Correct      **NO** = Not Present / Incomplete / Incorrect      **N/A** = Not Applicable to Project  
 Note: Mandatory files (marked with \*) do not allow for N/A to be selected as they must be present in the completed project file.

**Project File Review**

Programmatic Documents		YES	NO	N/A
1	Completed & Signed Client Application*	<input type="checkbox"/>	<input type="checkbox"/>	
2	Income Eligibility Verification (proof of income or categorical eligibility)*	<input type="checkbox"/>	<input type="checkbox"/>	
3	Client Bill of Rights / Program Information (signed)*	<input type="checkbox"/>	<input type="checkbox"/>	
4	Consent to Release Information / Data Sharing Forms*	<input type="checkbox"/>	<input type="checkbox"/>	
5	Signed Client Agreement(s) with Work Scope*	<input type="checkbox"/>	<input type="checkbox"/>	
6	Proof of ownership or signed rental agreement*	<input type="checkbox"/>	<input type="checkbox"/>	
7	All client communications / notifications*	<input type="checkbox"/>	<input type="checkbox"/>	
8	Client Sign Off / Dated (work scope)*	<input type="checkbox"/>	<input type="checkbox"/>	
9	Verification that the client received all education materials, insulation certificate, all warranties, etc. *	<input type="checkbox"/>	<input type="checkbox"/>	
10	Invoices (supporting model / work-scope costs)*	<input type="checkbox"/>	<input type="checkbox"/>	
11	Signed waivers (if applicable) (e.g., Sidewall Insulation Waiver) (list in comment section)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	State Historic Preservation Documentation (SHPO; if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	All Bid / Bid Related Documents (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Documentation of LSW practices used (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Copies of any lead (or other) testing results (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Subcontractor Certified Lead Renovator Documentation (verify via procurement file) (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:



Energy Audit / Model		YES	NO	N/A
1	Audit Data Collection / Project Notes*	<input type="checkbox"/>	<input type="checkbox"/>	
2	Audit Field Input Form*	<input type="checkbox"/>	<input type="checkbox"/>	
3	ASHRAE 62.2 Calculator / Notes*	<input type="checkbox"/>	<input type="checkbox"/>	
4	Health & Safety Notifications*	<input type="checkbox"/>	<input type="checkbox"/>	
5	Work Order / Scope for Subcontractor(s)*	<input type="checkbox"/>	<input type="checkbox"/>	
6	WAweb Building Reports (NEAT/MHEA/MulTEA)*	<input type="checkbox"/>	<input type="checkbox"/>	
7	Audit / Model*	<input type="checkbox"/>	<input type="checkbox"/>	
8	Work Scope consistent w/ proposed measures*	<input type="checkbox"/>	<input type="checkbox"/>	
	o Reasonable R-values used in modeling*	<input type="checkbox"/>	<input type="checkbox"/>	
	o Eligible SIR measures reflected in Work Scope*	<input type="checkbox"/>	<input type="checkbox"/>	
	o Reasonable Energy Costs used in building model*	<input type="checkbox"/>	<input type="checkbox"/>	
	o Model Cost inputs w/in reason of actual cost totals*	<input type="checkbox"/>	<input type="checkbox"/>	
9	All Justification / Prior Approval Documents (if applicable) (e.g., window/ door replacement, WRF, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Indoor Air Quality Form - Pre & Post (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	SSE Test Results (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	In-progress Inspection Notes / Reports (when Applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:



Job Site		YES	NO	N/A
1	Completed / Signed Daily Blower Door / CAZ Form*	<input type="checkbox"/>	<input type="checkbox"/>	
	o CAZ Limit & Post CAZ Tests Results Recorded*	<input type="checkbox"/>	<input type="checkbox"/>	
	o Initial & Final Blower Door Results Recorded*	<input type="checkbox"/>	<input type="checkbox"/>	
2	Work Scope for Agency Crew or Subcontractor*	<input type="checkbox"/>	<input type="checkbox"/>	
3	Documentation supporting that all recommended energy measures were installed with no measure(s) illegitimately skipped, relative to modeling/ budget constraints*	<input type="checkbox"/>	<input type="checkbox"/>	
4	WAweb Building Reports (NEAT/MHEA/MulTEA)*	<input type="checkbox"/>	<input type="checkbox"/>	
5	Change Orders (Measure or Cost inputs deviation documented)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Materials Installed List(s) – if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Heating Appliance Tag (and smoke test if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Permits (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (Describe: i.e. H&S issued on site – Condition Listed) / Any Job Site Notes:

QCI File Review	YES	NO
All files meet program standards per CT WAP Operations Manual	<input type="checkbox"/>	<input type="checkbox"/>

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.

**Findings / Comments on File Review**



**PROJECT SITE REVIEW - FIELD MONITORING**

**Client/Job Information**

WAP Agency:		Agency Job Number:	
<input type="text"/>		<input type="text"/>	
Client Name:	Owner	Renter	
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Building Address:	City:	State:	ZIP Code:
<input type="text"/>			
Building Owner's Name:			
<input type="text"/>			
Owner's Authorized Representative (If building contains rental Units):			
<input type="text"/>			
Number of Units:		Pre-1978 Home:	
1	2	3	4
<input type="checkbox"/> over 4 _____		Total	
		Yes	No
Housing Type:			
<input type="checkbox"/> Conventional Construction		<input type="checkbox"/> Manufactured Home	
<input type="checkbox"/> Group Home/Shelter Primary			
Fuel Type:			
<input type="checkbox"/> Natural Gas		<input type="checkbox"/> Propane	
<input type="checkbox"/> Electric		<input type="checkbox"/> Oil	
<input type="checkbox"/> Solid Fuel		<input type="checkbox"/> Other	

**Quality Control Inspector Project Review**

QC Inspector Name:				
<input type="text"/>				
BPI ID#:	Expiration Date:	Grantee QCI	Subgrantee QCI	Initial QCI
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QCI Inspection #:	Date of Inspection	Full	Partial	Corrective Action QCI
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Project Comments, Required Corrections, and Final Signoff**

**Project Comments or Observations**

**Callback and Corrections**

Notes, Photos, and/or Required Diagnostic Test Results attached.

By this signature, I verify that this project has been inspected by a certified Quality Control Inspector.	Pass		Fail	
	<input type="checkbox"/>		<input type="checkbox"/>	

QCI Name:

BPI #:	BPI Certification Expiration Date:
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Signature	Date
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Property Owner Name:

Signature	Date
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**Home Inspection**

Heating & Ventilation		YES	NO	N/A
1	Heating system CAZ testing completed? (Oil smoke test if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Heating system test tag present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Heating system CTT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Heating system repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Heating system replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Distribution system modifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Ventilated to the ASHARE 62.2 standard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Kitchen/ Bath/ Whole House (Check all that apply)	Kitchen <input type="checkbox"/>	Bath <input type="checkbox"/>	WH <input type="checkbox"/>
9	Other/ Additional Notes			
10	<b>Work Meets Program Standards</b>	<input type="checkbox"/>	<input type="checkbox"/>	

Attic		YES	NO	N/A
1	Air Sealing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Attic Insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Good Coverage / Proper R-value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Damming/ Fire Shielding/ Soffit Baffling/ Venting (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Depth Markers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Attic Access Insulated/ Sealed/ Secured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Additional repairs (if yes, please describe)			
8	<b>Work Meets Program Standards</b>	<input type="checkbox"/>	<input type="checkbox"/>	

Sidewalls / Kneewalls/ Cantilever		YES	NO	N/A
1	<input type="checkbox"/> Walls Insulated <input type="checkbox"/> Kneewalls <input type="checkbox"/> Cantilever			
2	Dense-pack method	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Loose-fill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Plugs, Patching, and Finish Appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Added Air Barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Sidewalls / Kneewalls/ Cantilever (Continued)		YES	NO	N/A
6	Additional Repairs (describe if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<b>Work Meets Program Standards</b>	<input type="checkbox"/>	<input type="checkbox"/>	

Basements / Crawlspace and Slabs		YES	NO	N/A
1	Bypasses/ Penetrations Sealed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Perimeter Air Sealing/ Insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Floor Insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Foundation Wall Insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Vapor Barrier Added - Full Coverage and Secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Other/ Additional Notes			
7	<b>Work Meets Program Standards</b>	<input type="checkbox"/>	<input type="checkbox"/>	

Windows/ Doors		YES	NO	N/A
1	Windows Replaced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Number of windows replaced			
2	Windows Repaired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Number of windows repaired			
	If yes, describe the type of window repair			
3	Does the number of repaired/ replaced windows align with the number recorded on the Completion Report / Final Work Order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Doors Replaced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Number of doors replaced			
5	Doors Repaired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Number of doors repaired			
	If yes, describe the type of door repair			



Windows/ Doors (Continued)				
6	Does the number of repaired/ replaced doors align with the number recorded on the Completion Report / Final Work Order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Other/ Additional Notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<b>Work Meets Program Standards</b>	<input type="checkbox"/>	<input type="checkbox"/>	

Other Measures		YES	NO	N/A
1	Water heater replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Water heater treatment (tank wrap)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Water Heater - Pipe Insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Water Heater - Pressure Relief Valve Pipe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Kitchen Stove Clean & Tune	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Smoke detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	CO detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Other Health & Safety measures (if YES, describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Other Energy Related Repairs (if YES, describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Other Air Sealing Measures (if YES, describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Other Measures (if YES, describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<b>Work Meets Program Standards</b>	<input type="checkbox"/>	<input type="checkbox"/>	



Summary of Existing Site Conditions		YES	NO	N/A
1	Energy related H&S conditions addressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1b	If "no", which of the following H&S conditions could still exist? (Note: Only flag if this will pose an immediate health risk to the resident(s) of the home)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Asbestos/ asbestos like material/ PACM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Lead based paint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Moisture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1c	Other (if YES, describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	If H&S conditions still exist, was proceeding with the SOW under those conditions appropriate per WAP standards? (Use your best judgement here and defer to DEEP if necessary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Confirm that corresponding H&S documents were provided to the client and home owner (if different)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Inspected energy conservation measures were consistent with model and work scope?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	All measures on final work order installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Findings / Comments				



**Health and Safety Testing**

Project Comments or Observations		Pass	Fail
Fuel and/or gas lines observed and tested for leaks.		<input type="checkbox"/>	<input type="checkbox"/>
Comments			

Blower Door Test							
Can building be properly tested using one (same) door?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
Blower Door Test Type		<input type="checkbox"/> Pressurization			<input type="checkbox"/> Depressurization		
Unit Configuration: Ring/Range		Unit #1	Unit #2	Unit #3		Unit #4	
Blower Door CFM @50 Pa differential (during QCI)*							
BD Results Consistent With Final Test Out (if BD is inconsistent and the unit has passed, the QCI must record the rationale for passing and note any factors supporting the decision.)		Pass	Fail	Pass	Fail	Pass	Fail
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:							
* Note that blower door configuration (pressurization or depressurization) must be the same as the configuration during the initial energy audit.							



Worst Case CAZ Test									
QC Inspector determined BPI CAZ Limit:					Outdoor temp. (°F):				
	Unit #1		Unit #2		Unit #3		Unit #4		
Baseline Pressure		Pa		Pa		Pa		Pa	
Plus Exhaust Fan / Dryer		Pa		Pa		Pa		Pa	
Plus HVAC Air Handler		Pa		Pa		Pa		Pa	
Door Positioned for Worst Case		Pa		Pa		Pa		Pa	
Worst Case		Pa		Pa		Pa		Pa	
Spillage and CO									
	Unit #1		Unit #2		Unit #3		Unit #4		
Ambient:		ppm		ppm		ppm		ppm	
Oven Vent (225 PPM as measured):		ppm		ppm		ppm		ppm	
Other:		ppm		ppm		ppm		ppm	
Appliance Spillage Time Limits:			Warm Vent: 2 min.			Cold Vent: 5 min.			
Domestic Hot Water (200 AFPPM) Warm Vent Only	Carbon Monoxide	AFPPM		AFPPM		AFPPM		AFPPM	
	Spillage Pass/Fail	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Heating Appliance</b> (400 AFPPM) Cold Vent Warm Vent	Carbon Monoxide	AFPPM		AFPPM		AFPPM		AFPPM	
	Steady State Eff.								
	Spillage Pass/Fail	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:  <input type="checkbox"/> AFPPM <input type="checkbox"/> PPM <input type="checkbox"/> Cold Vent <input type="checkbox"/> Warm Vent	Carbon Monoxide	AFPPM		AFPPM		AFPPM		AFPPM	
	Steady State Eff.								
	Spillage Pass/Fail	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:  <input type="checkbox"/> AFPPM <input type="checkbox"/> PPM <input type="checkbox"/> Cold Vent <input type="checkbox"/> Warm Vent	Carbon Monoxide	AFPPM		AFPPM		AFPPM		AFPPM	
	Steady State Eff.								
	Spillage Pass/Fail	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:									



CAZ Test (Continued)				
#	Tasks	YES	NO	N/A
1	Measure heat rise delta T, compare the temperature rise with the manufacturer's system specifications noted on the appliance. If not available, see defaults below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Record Number (F):			

<p>Inadequate Heat Rise Condensation Corrosion</p> <p>20 - 29</p>	<p>Heat Rise Good for Both</p> <p>30 - 70</p>	<p>Heat Rise Excessive, Check Fan, Air Flow, Fan Speed</p> <p>71 +</p>
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Comments:

**Building Diagnostic Test Results**

Measured Ventilation Rates (CFM) Compare to completed ASHRAE Calculator							
	Unit #1	Unit #2	Unit #3	Unit #4	Answer questions below for the unit and verify consistency with ASHRAE 62.2-2016 RED Calc and weatherization work scope	Yes	No
	CFM	CFM	CFM	CFM			
Kitchen Fan					Is window operation consistent with RED Calc?	<input type="checkbox"/>	<input type="checkbox"/>
Bath Fan #1					Was local mechanical ventilation installed?	<input type="checkbox"/>	<input type="checkbox"/>
Bath Fan #2					Was run timer installed to local ventilation?	<input type="checkbox"/>	<input type="checkbox"/>
Other 1					Was whole house ventilation installed?	<input type="checkbox"/>	<input type="checkbox"/>
Other 2					(If yes, record whole house ventilation rate)	CFM _____	
						Pass	Fail
Test results consistent with final test-out and calculated ASHRAE ventilation requirements						<input type="checkbox"/>	<input type="checkbox"/>
Comments:							



Duct Pressure Testing								
Duct Pressure Test Type	<input type="checkbox"/> Pressurization				<input type="checkbox"/> Depressurization			
Unit Configuration: Ring/Range	Unit #1	Unit #2	Unit #3	Unit #4				
Duct pressure testing @25 Pa differential								
Total duct leakage (CFM)								
Leakage to the outside (CFM)								
Duct operating pressure (pa)								
Duct to house pressure (pa)								
DP Results Consistent With Final Test Out (if DP is inconsistent and the unit has passed, the QCI must record the rationale for passing and note any factors supporting the decision.)	Pass	Fail	Pass	Fail	Pass	Fail	Pass	Fail
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:								
* Note that duct pressure test configuration (pressurization or depressurization) must be the same as the configuration during the initial energy audit.								

Pressure Pan Testing (MHEA only)						
Tasks				YES	NO	N/A
Identify supply/ return ducts contained in unconditioned areas				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Measure registers/ grills in unconditioned areas. Record results in the table below				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you identify any corrective actions/ measures? (If YES, describe in comments)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Register #	Location	Measurement (Pa)	Register #	Location	Measurement (Pa)	
Register 1			Register 6			
Register 2			Register 7			
Register 3			Register 8			
Register 4			Register 9			
Register 5			Register 10			
Sum of pressure pan measurements (Pa)			Duct operating pressure			
Comments						



**Zonal Testing**

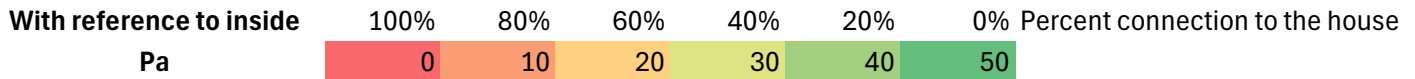
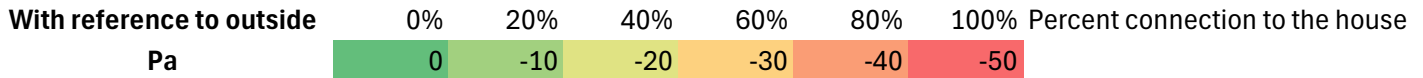
#	Tasks	YES	NO	N/A
1	Do any unconditioned zones remain in the home after weatherization? (If YES, identify in comments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	With Blower door operating with a 50 Pa differential, perform Zonal Pressure Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Did you identify any corrective actions / measures? (if YES, describe in comments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attic:

Crawl:

Garage:

**Zone Max** - Attic, Knee Walls, Crawl Space, Garages, Basement Walls



Comments:

**Perform Exterior and Interior Inspection In-Progress/Final**

#	Tasks	YES	NO	N/A
1	Perform exterior inspection / walk around	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Turn on Combustible Gas Detector and Test Outside Meter / Lines While Outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Turn on Personal CO Monitor before entering house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Perform interior inspection / walk around	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Test indoor ambient CO level <b>(35 PPM Max.)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Document Results:			
6	Turn on Combustible Gas Detector Outside and Test the Interior Appliances/Lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Utilize soap or other leak detection liquid / spray to verify leakage areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:



**Evaluate Installed Weatherization Measures**

#	Tasks	Completed?
1	Review all installed measures against those listed on Work Order	<input type="checkbox"/>
2	Verify installed measures listed on Work Order	<input type="checkbox"/>
3	Document any assessment/energy audit discrepancies or missed opportunities	<input type="checkbox"/>
4	Document any damage potentially caused by workers	<input type="checkbox"/>
5	Compare work completed to WX Standards, SWS, or state and local codes	<input type="checkbox"/>
6	Document any non-conformances to WX Standards, SWS, or state and local codes	<input type="checkbox"/>
7	Determine if any problems were Material or Work related	<input type="checkbox"/>
8	Document any work problems that FAIL for quality, quantity, or non-conformance	<input type="checkbox"/>
9	Create (if needed) a Callback/Rework Punch list for any required corrections	<input type="checkbox"/>
10	Review the results of your inspection observations and documents	<input type="checkbox"/>
11	Compare original assessment/energy audit diagnostics tests with your QCI results	<input type="checkbox"/>
12	Make a determination of PASS or FAIL of the work based on the QCI results	<input type="checkbox"/>

Comments: