

**U.S. DEPARTMENT OF ENERGY
WEATHERIZATION ASSISTANCE PROGRAM
QUALITY CONTROL INSPECTION FORM**

Subrecipient : _____

Job #: _____

Inspection Date: _____

Client Name: _____

Owner Renter

Physical Address: _____

Zip Code: _____

Year of Construction: _____

Pre-1978 Home: Yes No

Housing Type:

Site Built Mobile Home Mobile Home w/add-on Multi-family Double Wide

Primary Fuel Type:

Natural Gas Propane Electric Oil Solid Fuel Other: _____

DBA FACS Pro FILE REVIEW *WV WPN 15-19*

YES NO N/A

Notes:

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 1. Eligibility Determination present? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Input Report | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Energy Audit Recommended Measures Report | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. DBA FacsPro Job Summary | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Total Job Cost:
DOE/DHHR Investment: \$ _____
Utility Investment: \$ _____ Total Job Investment: \$ _____ | | | |
| 6. Daily Material In/Outs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Utility Partnership Documentation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Weatherization Assistant Work Order | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Lead Safe Work Documentation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Mold/Moisture Form Documentation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. CO Warning Statement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Hold Harmless Form Documentation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. State Historic Preservation Documentation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Client Education Documentation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Refrigerator Data / Replacement Justified | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Pre & Post Combustion Safety Tests/Tapes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Pre & Post Blower Door Results (@CFM 50)
Pre #: _____ Post #: _____ QCI verified#: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Customer Satisfaction Form Signed/Dated | | | |
| 19. HVAC Sizing Documentation | | | |
| 20. Solid Fuel Appliance Condition Report | | | |
| 21. WX Tag Documentation | | | |
| 22. Photo Documentation | | | |
| 23. FACS Pro Attachments are complete | | | |
| 24. Insulation Certificate Documentation | | | |
| 25. Other (Describe): _____ | | | |

ON-SITE WORK ASSESSMENT

	YES	NO	N/A	
HEATING, VENTILATION, AIR CONDITIONING				Comments – HVAC
1. Heating System Replacement <i>WV WAP SWS 5</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Air Conditioning Replacement <i>WV WAP SWS 2.2</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Heating System Tune-Up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Air Conditioning Tune-Up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Distribution System Modifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Ducts <i>WV WAP SWS 3.16, 4.16</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Thermostat Anticipator Reading Verified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Filter Installed and one left with client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Measures(s) were Properly Justified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Ventilation Requirements Verified and Comply with ASHRAE 62.2 2013 <i>WV WAP SWS 6</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. CAZ Testing Verified, Documentation is Complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Work Meets WV WAP SWS Installation Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ATTIC <i>WV WAP SWS 3.10, 2.06, 2.04</i>				Comments – Attic Work
1. Attic Insulation Installed: <i>WV WAP SWS 4</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Coverage R-value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Insulation Certificate Completed & Posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Heat Source/ Vent Damming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Junction Box Markers Present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Attic Access Insulated and Secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Attic Air Sealing was Performed <i>WV WAP SWS 3.10</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Measure(s) were Properly Justified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Work Meets WV WAP SWS Installation Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SIDEWALLS & KNEEWALLS <i>WV WAP SWS 2.06, 3.11, 4.11</i>				Comments - Sidewalls
1. Walls Insulated by WAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Plugs, Patching, & Painting appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Measure(s) were Properly Justified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Work Meets WV WAP SWS Installation Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SUBSPACE <i>WV WAP SWS 2.04, 2.05, 3.14, 3.13, 4.13, 4.14</i>				
1. Bandboard Insulation added by WAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Floor Insulation added by WAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Basement Wall Insulation added by WAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Vapor Barrier added; Coverage & Secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Measure(s) were Properly Justified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Work Meets WV WAP SWS Installation Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WINDOWS/DOORS <i>WV WAP SWS 3.12</i>				Comments – Windows/Doors
1. Number of Windows Replaced: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Number of Storm Windows Installed: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Number of Doors Replaced: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Door Weather-stripping/Thresholds/Sweeps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Pre/Post Photo Documentation Completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Measure(s) were Properly Justified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Work Meets WV WAP SWS Installation Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

OTHER MEASURES *WV WAP SWS 7*

	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. Pipe Insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Low Flow Shower heads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Lighting - CFLs Installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Refrigerator Replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Metering/Justification/other documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Smoke Detectors <i>WV WAP SWS 2.03</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Carbon Monoxide Detector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Other H&S Measures _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Other Energy Related Repairs _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Air Sealing Measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Other (Describe): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Measures were Properly Justified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Work Meets WV WAP SWS Installation Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments – Other Measures

Weatherization Assistant 8.9 Audit

1. All IRMs are justified in the client file with an explanation for their need and relationship to the specific energy conservation measure (ECM) or group of ECMs.

YES NO N/A

2. ECMs are all justified with a SIR >1. *Exception: Air Sealing DOE WPN 13-5 Attachment 1*

YES NO N/A

3. Ancillary items are charged to the appropriate ECM.

YES NO N/A

4. Are materials charged appropriately according to the current WA Materials Chart?

YES NO N/A

Does this unit need additional attention from the Subrecipient? Yes No

(*Add comments on additional pages if necessary, ** A check in the yes box requires completion of the **Required Corrective Action(s) Page**)

Notes:

REQUIRED CORRECTIVE ACTION(s)

All corrections must be completed and signed off by the crew leader. When corrections are completed the Quality Control Inspector (QCI) must sign off affirming that required deficiencies were addressed to WV WAP SWS, state policy and all relevant building codes. If job was inspected and all corrections were made on the final day of job, crew leader (CL) and QCI must sign Work Order to verify completion. Final day inspections must reflect corrections cited by QCI. Report must be included in client file.

Last Revised 8/18/2016

