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**WEATHERIZATION ASSISTANCE PROGRAM**  
**QUALITY CONTROL INSPECTION FORM**


Client Name: \_\_\_\_\_ Inspection Date: \_\_\_\_\_

Address, City & State: \_\_\_\_\_ Job #: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Owner:  Renter:

Year of Construction: \_\_\_\_\_ Pre-1978 Home:  Yes  No

Primary Fuel Type:  Natural Gas  Propane  Electric  Other

FILE REVIEW	YES	NO	N/A	NOTES:
1. Eligibility Determination Present? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Energy Audit Data Collection Form/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. WX Materials Tracked & Verified as Installed*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Utility Release Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Weatherization Assistant Work Order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Lead Safe Weatherization Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Mold/Moisture Form Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. WCDT Form or TecLog & Signature Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. ASHRAE Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. State Historic Preservation Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Client Education Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Refrigerator Replacement Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Pre & Post Blower Door Results (@CFM 50)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pre: _____ Post (QCI Verified) #: _____				
15. Client Completion Form Signed/Dated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Utility Billing History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Photo Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

18. Other (Describe): \_\_\_\_\_

\* All materials should be accounted for in the client file and verified they have been installed in the field

**ON-SITE WORK ASSESSMENT**

**HEATING, VENTILATION, AIR CONDITIONING**

**YES NO N/A**

**COMMENTS - HVAC**

- 1. Heating System Replacement
- 2. Air Conditioning Replacement
- 3. Heating System Tune-Up
- 4. Air Conditioning Tune-Up
- 5. Distribution System Modifications
- 6. Duct Sealing
- 7. Set-Back Thermostat
- 8. Filter Installed Left Spare Filters with Client
- 9. Measures(s) were Properly Justified
- 10. Adequate Combustion Air
- 11. Properly Sized Combustion Venting
- 12. Pre & Post Combustion Safety Tests/Tapes
- 13. ASHRE 62.2 Data Verified

Fan Type:		Control:		Location:	
Ventilation Time:		MPH	Ventilation Rate:		CFM

- 14. CAZ Testing Verified, Documentation is Complete
- 15. Work Meets UT WAP Installation Standards

**ATTIC**

**YES NO N/A**

**COMMENTS – ATTIC WORK**

- 1. Attic Insulation Installed
- 2. R-Value
- 3. Insulation Certificate Complete & Posted
- 4. Heat Source Shielded/ Soffit Vent Damming
- 5. Junction Box Markers Present
- 6. Attic Access Insulated and Secured
- 7. Attic Air Sealing was Performed
- 8. Measures (s) were Properly Justified
- 9. Work Meets UT WAP Installation Standards

**SIDEWALLS & KNEEWALLS**

**YES NO N/A**

**COMMENTS – SIDEWALLS**

- 1. Walls Insulated by WAP
- 2. Plugs, Patching, & Painting Appropriate
- 3. Measures (s) were Properly Justified
- 4. Work Meets UT WAP Installation Standards

<b>SUBSPACE</b>		<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENTS – SIDEWALLS</b>
1.	Rim Joist Insulation added	<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.	Measures were Properly Justified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Work Meets UT WAP Installation Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>WINDOWS/DOORS</b>		<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENTS – WINDOWS/DOORS</b>
1.	Numbers of Windows Replaced: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Number of Doors Replaced: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Door Weather-Stripping/Thresholds/Sweeps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Pre/Post Photo Documentation Completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Measures were Properly Justified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Work Meets UT WAP Installation Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>OTHER MEASURES</b>		<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENTS – OTHER MEASURES</b>
1.	Water Heater Replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Water Heater Tank Insulation (Blanket)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Pipe Insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Low Flow Showerheads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Lighting – CFL’s Installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Refrigerator Replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Smoke Detectors	<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="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	Other Energy Related Repairs <input type="text"/>	<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="text"/>	<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 UT WAP Installation Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>INCIDENTAL REPAIR MEASURES (IRM'S)</b>					
1. All IRM's are justified in the client file with an explanation for their need and specific energy conservation measure (ECM) or group of ECM's. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A					
Does this unit need additional attention from the agency? <input type="checkbox"/> YES <input type="checkbox"/> NO					
(*Add comments on additional pages if necessary, **A check in the “YES” box requires completion of the Required Corrective Action(s) Page)					
<b>NOTES:</b>					

**REQUIRED CORRECTIVE ACTIONS(s)**

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

CL	QCI	CORRECTIONS
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

Crew Leader Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

QCI (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I hereby confirm that this job is considered complete, that all measures have been properly justified and can be reported as a completion.