

Kentucky WAP QCI Final Inspection Checklist



Agency:		Client Name:		
QCI:		Job#	Date:	
Address:				
Auditor/Estimator:			Crew Leader:	
Subcontractors:				
Site-Built <input type="checkbox"/>	Mobile <input type="checkbox"/>	Manufactured <input type="checkbox"/>	Multi-Family <input type="checkbox"/>	Shelter <input type="checkbox"/>

Notes:

Blower Door Diagnostics

Pre_____@50	Target_____@50	Crew post_____@50	QCI final_____@50				
(Target calculation formula: ref. KHC WPN 2019-02)			QCI final blower door still achieves SIR <input type="checkbox"/> Y <input type="checkbox"/> N				
Attic zonal:_____Pa	Crawl zonal:_____Pa	Wall Zonals	W1	W2	W3	W4	W5
		W6	W7	W8	W9	W10	W11

Notes:

Ventilation - SWS 6.01-6.02

All venting terminated correctly <input type="checkbox"/> Y <input type="checkbox"/> N			Insulated correctly <input type="checkbox"/> Y <input type="checkbox"/> N		
Dryer venting installed correctly <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A			Fan installed correctly (SWS 6.0201) <input type="checkbox"/> Y <input type="checkbox"/> N		
Rigid ducting used (SWS 6.0202.1) <input type="checkbox"/> Y <input type="checkbox"/> N			Ducting sloped correctly <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		
fan <input type="checkbox"/> Y <input type="checkbox"/> N	fan <input type="checkbox"/> Y <input type="checkbox"/> N	fan <input type="checkbox"/> Y <input type="checkbox"/> N	Vented <input type="checkbox"/> Recirculator <input type="checkbox"/> N/A <input type="checkbox"/>		
cfm _____	cfm _____	cfm _____	cfm _____	Gas	<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	window <input type="checkbox"/> Y <input type="checkbox"/> N		

Window credit may only be taken for one window per room and only applies to operable windows.

Notes:

ASHRAE Compliance - SWS 6.03

Target calculation _____CFM	Post-calculation _____CFM	De minimus (<15CFM) <input type="checkbox"/> Y <input type="checkbox"/> N
Timer <input type="checkbox"/> Y <input type="checkbox"/> N if yes _____min per hr	Continuous <input type="checkbox"/> Y <input type="checkbox"/> N	

Notes:

Heating/Cooling - SWS 5.01-5.88 Gas <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Wood <input type="checkbox"/>										
Replacement <input type="checkbox"/> Y <input type="checkbox"/> N			Replaced as H&S <input type="checkbox"/> or ECM <input type="checkbox"/>							
Repair <input type="checkbox"/> Y <input type="checkbox"/> N			Vented correctly <input type="checkbox"/> Y <input type="checkbox"/> N				Req. clearances met <input type="checkbox"/> Y <input type="checkbox"/> N			
Electric Furnace: KW _____ Amps _____ Volts _____				Heat Pump: Voltage _____ Amps _____ BTU's _____						
Breaker size: circuit 1 Amps _____ circuit 2 Amps _____				Conductor size meets NEC requirements <input type="checkbox"/> Y <input type="checkbox"/> N						
Notes:										
Ducts - SWS 5.0104-5.0107 No ducts present _____ Ducts in conditioned area _____										
Duct air-sealing performed <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A					Duct insulation installed <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A R-value _____					
Duct securely supported <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A					Duct insulation installed correctly <input type="checkbox"/> Y <input type="checkbox"/> N					
Total Duct Leakage Pre _____ @25					QCI Post _____ @25					
Duct Leakage To Outside Pre _____ @0					QCI Post _____ @0					
Pressure pan readings	_____ pa	_____ pa	_____ pa	_____ pa	_____ pa	_____ pa	_____ pa	_____ pa	_____ pa	
	_____ pa	_____ pa	_____ pa	_____ pa	_____ pa	_____ pa	_____ pa	_____ pa	_____ pa	
QCI final duct blaster readings still achieve SIR <input type="checkbox"/> Y <input type="checkbox"/> N										
Notes:										
Combustion Safety - SWS 5.05										
Leaks present in distribution lines <input type="checkbox"/> Y <input type="checkbox"/> N Correct piping material <input type="checkbox"/> Y <input type="checkbox"/> N Outside Temp. _____										
Appliance 1 N/A <input type="checkbox"/>					Appliance 2 N/A <input type="checkbox"/>					
Type:					Type:					
<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	
Pre CAZ test performed <input type="checkbox"/> Y <input type="checkbox"/> N					Pre CAZ test performed <input type="checkbox"/> Y <input type="checkbox"/> N					
Post CAZ test performed <input type="checkbox"/> Y <input type="checkbox"/> N					Post CAZ test performed <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			
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			
Appliance 3 N/A <input type="checkbox"/>					Gas Range N/A <input type="checkbox"/>					
Type:					Ambient CO _____ PPM					
<input type="checkbox"/> NG	<input type="checkbox"/> LP	<input type="checkbox"/> Oil	<input type="checkbox"/> Wood	<input type="checkbox"/> Other	Oven CO reading _____ PPM					
Pre CAZ test performed <input type="checkbox"/> Y <input type="checkbox"/> N					CO _____		←Rear→		CO _____	
Post CAZ test performed <input type="checkbox"/> Y <input type="checkbox"/> N										
Worst Case _____ Pa		Spillage <input type="checkbox"/> Pass <input type="checkbox"/> Fail			CO _____		←Front→		CO _____	
Worst Case Draft _____ Pa		<input type="checkbox"/> Pass <input type="checkbox"/> Fail								
Worst Case CO _____ ppm		Amb. CO _____ ppm			Readings within proper range <input type="checkbox"/> Y <input type="checkbox"/> N					
Notes:										

Base Load Measures - SWS 7.01-7.03		
Lighting retrofit complete <input type="checkbox"/> Y <input type="checkbox"/> N	DHW tank insulated (SWS 7.0301.2) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
DHW tank replaced <input type="checkbox"/> Y <input type="checkbox"/> N	DWH replacement approval 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	Temperature adjusted <input type="checkbox"/> Y <input type="checkbox"/> N
Refrigerator replaced <input type="checkbox"/> Y <input type="checkbox"/> N	Metering information in file <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	
Notes:		
Attic - SWS 3.0102.1, 3.0102.3, 3.0103, 3.0105, 4.01		
Attic insulated <input type="checkbox"/> Y <input type="checkbox"/> N	Attic air-sealed <input type="checkbox"/> Y <input type="checkbox"/> N	Attic entry A/S and insulated <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	Flue dam installed <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Insulation documentation posted <input type="checkbox"/> Y <input type="checkbox"/> N	Knee walls addressed <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Baffles installed <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	Attic insulated correctly <input type="checkbox"/> Y <input type="checkbox"/> N	Mobile home roof blow <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Roof/ceiling patching correct <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Notes:		
Walls - SWS 4.02		
Insulation documentation posted <input type="checkbox"/> Y <input type="checkbox"/> N	Material <input type="checkbox"/> Fiberglass <input type="checkbox"/> Cellulose	
Insulation installation holes patched/sealed correctly <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Balloon-framed <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Balloon framing sealed correctly <input type="checkbox"/> Y <input type="checkbox"/> N	
Walls insulated correctly <input type="checkbox"/> Y <input type="checkbox"/> N		
Notes:		
Subspace - SWS 3.0102.5-3.0102.8, 3.0104, 4.03-4.04 Crawlspace <input type="checkbox"/> Basement <input type="checkbox"/> Slab <input type="checkbox"/>		
Conditioned <input type="checkbox"/> Unconditioned <input type="checkbox"/>	Ground vapor barrier installed correctly <input type="checkbox"/> Y <input type="checkbox"/> N	
Piers wrapped/seams sealed <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Subfloor air-sealed <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Crawlspace access installed <input type="checkbox"/> Y <input type="checkbox"/> N	Insulation documentation posted <input type="checkbox"/> Y <input type="checkbox"/> N	
Crawlspace insulation installed correctly <input type="checkbox"/> Y <input type="checkbox"/> N		
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
Notes:		

Doors & Windows - SWS 3.02	
Door(s) replaced <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Door(s) repaired <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Window(s) replaced <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Window(s) repaired <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Notes:	
Measure List and Invoice	
All measures installed <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Invoice verified against materials used <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
All deficiencies documented for repair <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Follow-up needed <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Notes:	
Software & Files	
NEAT__ MHEA__ MULTEA__	
Audit 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
Job costs agree with billed costs <input type="checkbox"/> Y <input type="checkbox"/> N	Required forms in client file (WXPM 1.5) <input type="checkbox"/> Y <input type="checkbox"/> N
Documentation properly completed <input type="checkbox"/> Y <input type="checkbox"/> N	All documentation signed <input type="checkbox"/> Y <input type="checkbox"/> N
All diagnostic tests reviewed <input type="checkbox"/> Y <input type="checkbox"/> N	Required client signatures received <input type="checkbox"/> Y <input type="checkbox"/> N
All measures still maintain >1SIR with final diagnostic readings and cost <input type="checkbox"/> Y <input type="checkbox"/> N	
Notes:	
Client Interaction	
All Wx materials removed from jobsite <input type="checkbox"/> Y <input type="checkbox"/> N	Cleaned before leaving <input type="checkbox"/> Y <input type="checkbox"/> N
Client Education signed <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	
1.) Measure:	
Issue:	
Solution:	

2.) Measure:	
Issue:	
Solution:	
3.) Measure:	
Issue:	
Solution:	
4.) Measure:	
Issue:	
Solution:	
5.) Measure:	
Issue:	
Solution:	
6.) Measure:	
Issue:	
Solution:	
Additional Notes:	
Sign off	
<div style="border-bottom: 1px solid black; display: inline-block; width: 90%;"></div> Date: <div style="border-bottom: 1px solid black; display: inline-block; width: 10%;"></div>	BPI # <div style="border-bottom: 1px solid black; display: inline-block; width: 40%;"></div> Exp.Date: <div style="border-bottom: 1px solid black; display: inline-block; width: 40%;"></div>
Quality Control Inspector	Credentials