

NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS

Division of Housing and Community Resources

QUALITY CONTROL ASSURANCE FORM

CLIENT NAME _____ JOB NUMBER _____ DATE _____
 ADDRESS _____

File Review

File Content	Yes	No
Are all required forms and documentation present and completed as detailed in Chapter 7 Section 3.3 Client File Contents and Standardized File Format within the WAP Policy Manual?		
If No, what is missing?		

Audit Data	Yes	No
Was the dwelling accurately modeled in the WA software accordance with the Weatherization Assistant User's Manual and WAP Policy Chapter 4 Energy Audits/ or did the dwelling meet the requirements for the use of Priority List in accordance with Chapter 4, Section 3. Priority Lists.		
If No, what is incorrect?		
	Yes	No
Does the work order accurately reflect the measures as generated by the WA software/Priority List?		
If No, what is missing?		

Fiscal Verification	Done
Enter quality and cost information from contractor/crew invoice	
Compare invoices to WA/PL work orders and bids to identify and resolve any discrepancies	
Verify the appropriate use of cost centers in WA software	
Verify that cost centers in WA and other fiscal documentation are aligned	
Verify that invoices were not paid before final inspection was complete	

CLIENT FEEDBACK	COMPLETED
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SATISFACTORY SURVEY

Excellent Good Average Fair Poor

- | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> WERE YOU COMFORTABLE WITH THE CONTRACTORS? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> HOW WOULD YOU RATE THEIR WORK? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> DID THEY CLEAN UP AFTER THEMSELVES YES _____ NO _____ | | | | | |
| <input type="checkbox"/> DO YOU UNDERSTAND THE SIGNIFICANCE OF THE MEASURES INSTALLED IN YOUR HOME? YES _____ NO _____ | | | | | |

NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS

VERIFY WORKER MET COMPLIANCE WITH SAFETY RULES (Did not inspect work in progress) N/A	COMPLETED
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DID THE CONTRACTOR USE LEAD SAFE PRACTICES?	YES	NO
DID THE CONTRACTOR USE PROPER OSHA SAFETY PRACTICES?	YES	NO
DID THE CONTRACTOR USE FALL PROTECTION?	YES	NO
DID THE CONTRACTOR USE PPE (GLOVES, GOGGLES, RESPIRATORS)?	YES	NO
TAKE JOB INSPECTION NOTES AND PICTURES	YES	NO

PERFORMED WORK INSPECTION – WITH EXTERIOR AND INTERIOR VISUAL/SENSORY INSPECTION	COMPLETED <input type="checkbox"/>
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TAKE JOB INSPECTION NOTES AND PICTURES
 EVALUATE INSTALLED MEASURES TO FIELD GUIDE/SWS IDENTIFY
 MISSED OPPORTUNITIES

DETERMINE PASS OR FAIL OF THE WORK- LIST BELOW FAILED OR PROBLEM AREAS:

NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS

Division of Housing and Community Resources

PERFORMED WORK INSPECTION – WITH EXTERIOR AND INTERIOR VISUAL/SENSORY INSPECTION	COMPLETED <input type="checkbox"/>
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- CALIBRATE PERSONAL CO DETECTOR, GAS LEAK DETECTOR AND COMBUSTION ANALYZER- OUTDOOR FRESH AIR
- MEASURE LEL PERCENTAGE WITH GAS DETECTOR WITH DIGITAL READING (IF LIMIT EXCEEDS 10%, EVACUATE HOUSE IMMEDIATELY AND CALL UTILITY COMPANY).
- GAS LEAK TEST (1" per second all the way around fitting)
- SUGGEST SOAP BUBBLES LEAK TEST OPTION
- INSPECT FLUE SYSTEM
- IDENTIFY TYPE SYSTEM (ATMOSPHERIC, SEALED COMBUSTION, POWER VENTED, ELECTRIC, HEAT PUMP, BOILER) (CIRCLE ONE)
- IDENTIFY ANY HVAC SYSTEM COMPONENT OR SAFETY CONCERNS – BELOW
- MEASURE THE DOMESTIC WATER TEMPERATURE AT THE TAP (_____ F)

EXHAUST FAN FLOW TEST	N/A <input type="checkbox"/>	COMPLETED <input type="checkbox"/>
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FAN #1 LOCATION _____ TEST RESULTS: CFM FAN RATING: _____ P F

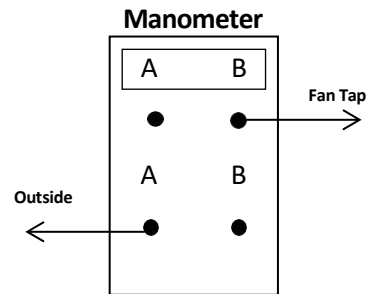
FAN #2 LOCATION _____ TEST RESULTS: CFM FAN RATING: _____ P F

FAN #3 LOCATION _____ TEST RESULTS: CFM FAN RATING: _____ P F

FAN FLOW DATA NOT AVAILABLE

BLOWER DOOR TEST	COMPLETED
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- VERIFY THAT NO INDOOR AIR QUALITY ISSUES ARE PRESENT- (DO NOT CONDUCT TEST IF PRESENT)
- SETUP HOME IN WINTER LIKE CONDITIONS
- TURN OFF ALL COMBUSTION APPLIANCES- SWITCH WATER HEATER TO PILOT
- TURN OFF ALL EXHAUST APPLIANCES/ FANS
- OPEN ALL INTERIOR DOORS
- SET UP BLOWER DOOR
- MAKE SURE ALL FIRE PLACES ARE OUT (ASHES REMOVED AND DAMPERS CLOSED)
- MEASURE BASELINE RECORD _____ Pa
- ADJUST BASELINE TO ZERO
- ADJUST FAN TO CFM @50 RECORD FLOW _____ CFM



ZONE TEST	COMPLETED <input type="checkbox"/>
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- WITH BLOWER DOOR AT 50 CFM – (GREEN HOSE TO OUTSIDE SAME CHANNEL) (RED HOSE TO ZONE SAME CHANNEL)

LOCATION # _____ RESULT _____ Pa LOCATION # _____ RESULT _____ Pa

LOCATION # _____ RESULT _____ Pa LOCATION # _____ RESULT _____ Pa

PAN PRESSURE TEST	N/A <input type="checkbox"/>	COMPLETED <input type="checkbox"/>
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LOCATION # _____ RESULT _____ Pa LOCATION # _____ RESULT _____ Pa

LOCATION # _____ RESULT _____ Pa LOCATION # _____ RESULT _____ Pa

LOCATION # _____ RESULT _____ Pa LOCATION # _____ RESULT _____ Pa

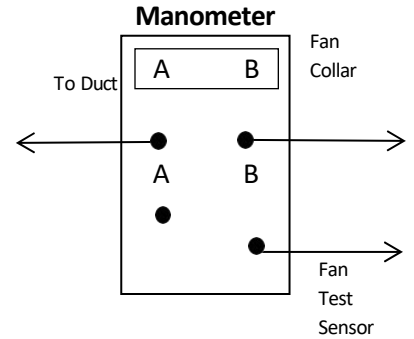
LOCATION # _____ RESULT _____ Pa LOCATION # _____ RESULT _____ Pa

NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS

Division of Housing and Community Resources

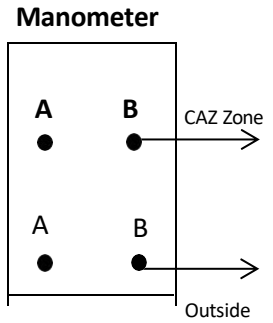
DUCT BLASTER TEST	N/A <input type="checkbox"/>	COMPLETED
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SEAL ALL DUCTS, SUPPLY AND RETURN
 OPEN WINDOW OR DOOR TO EQUALIZE PRESSURE
 SET UP DUCT BLASTER AT THE RETURN REGISTER OR FURNACE CABIN
 SET UP METER HOSES
 ADJUST FAN TO CFM @25; RECORD FLOW _____ CFM



CAZ & COMBUSTION TESTING	IF CAZ OUTSIDE- N/A	COMPLETED
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SET UP HOME IN WINTER LIKE CONDITIONS
 CLOSE VENT DAMPER IN FIREPLACE IF APPLICABLE N/A
 SETUP FLOW METER
 MEASURE BASELINE RECORD _____ Pa
 ADJUST BASELINE TO ZERO
 TURN ON ALL EXHAUST FANS RECORD NUMBER _____ Pa
 CLEAN LINT FILTER THEN TURN ON DRYER RECORD NUMBER _____ Pa
 TURN ON AIR HANDLER RECORD NUMBER _____ Pa
 CLOSE/OPEN INTERIOR DOORS (CLOSE+, OPEN-) RECORD _____ Pa
 PERFORM SPILLAGE TEST WARM VENT 2 MINUTES _____ (+) / _____ (-)
 PERFORM SPILLAGE TEST COLD VENT 5 MINUTES _____ (+) / _____ (-)
 PERFORM COMBUSTION TEST (CO) AT 5 MINUTES IN LOWEST BTU APPLIANCE. _____ AIR FREE PPM
 PERFORM COMBUSTION TEST (CO) IN HIGHEST BTU APPLIANCE. _____ AIR FREE PPM



**CO LEVEL EXCEEDING THRESHOLDS IN SECTION 7.9.5 TABLE 1 OF THE ANSI/ BPI 1200-S-2017 IS UNACCEPTABLE AND MUST BE ADDRESSED.*
***ACTION LEVELS FOR SPILLAGE AND CO IN APPLIANCES CAN BE FOUND ANSI/ BPI 1200-S-2017 ANNEX D*

CO TESTING	COMPLETED
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TEST OUTDOOR AMBIENT CO-RECORD NUMBER _____ PPM
 TEST INDOOR AMBIENT CO- RECORD NUMBER _____ PPM (IF REACHES 70 PPM, TERMINATE INSPECTION)
 DURING FURNACE/DHW RUN TEST CAZ CO-RECORD NUMBER _____ PPM (IF REACHES 70 PPM, TERMINATE INSPECTION)
** AMBIENT CO READINGS ACTION LIMITS CAN BE FOUND IN THE NJ FIELD GUIDE AND HEALTH AND SAFETY POLICY*

PERFORM RANGE AND OVEN TEST	N/A (Electric) <input type="checkbox"/>	COMPLETED <input type="checkbox"/>
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REMOVE ANY ITEMS FROM OVEN/RANGE TOP
 MAKE SURE SELF CLEANING FEATURES ARE NOT ACTIVATED
 OPEN WINDOW OR TURN ON EXHAUST FAN
 OPERATE OVEN FOR 5 MINUTES (STEADY STATE)
 TEST FOR CO AT OVEN SLEEVE, BEFORE DILUTION AIR _____ CO PPM
 VISUALLY INSPECT RANGE TOP WITH ALL BURNERS ON HIGH SETTING
 TURN OFF OVEN/BURNERS AFTER TESTING
**CO AS MEASURED LIMIT IS 225 PPM FOR THE OVEN. FOR ACTIONS SEE HEALTH AND SAFETY POLICY.*

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Division of Housing and Community Resources

OVERALL: PASS FAIL (SEE NOTES)

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

Initial Inspection

STATE MONITOR

QCI #

DATE

Re-Inspection

STATE MONITOR

QCI #

DATE