

**NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS**  
**Division of Housing and Community Resources**

**QUALITY CONTROL INSPECTION FORM**

CLIENT NAME \_\_\_\_\_ JOB NUMBER \_\_\_\_\_ DATE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 QCI ASSESSOR \_\_\_\_\_

**File Review**

<b>File Content</b>	<b>Yes</b>	<b>No</b>
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?	<input type="checkbox"/>	<input type="checkbox"/>
IF NO, WHAT IS MISSING?		

<b>Audit Data</b>	<b>Yes</b>	<b>No</b>
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.	<input type="checkbox"/>	<input type="checkbox"/>
IF NO, WHAT IS INCORRECT?		
DOES THE WORK ORDER ACCURATELY REFLECT THE MEASURES AS GENERATED BY THE WA SOFTWARE/PRIORITY LIST?	<input type="checkbox"/>	<input type="checkbox"/>
IF NO, WHAT IS MISSING?		

<b>Fiscal Verification</b>	<b>Done</b>		
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			

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CLIENT FEEDBACK	N/A		COMPLETED	
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SATISFACTORY SURVEY

Excellent    Good    Average    Fair    Poor

WERE YOU COMFORTABLE WITH THE CONTRACTORS

HOW WOULD YOU RATE THEIR WORK

DID THEY CLEAN UP AFTER THEMSELVES    YES    NO

DO YOU UNDERSTAND THE SIGNIFICANCE OF THE MEASURES INSTALLED IN YOUR HOME?    YES    NO

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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 FALL PROTECTION?

YES     NO

DID THE CONTRACTOR USE PPE (GLOVES, GOGGLES, RESPIRATORS)?

YES     NO

TAKE JOB INSPECTION NOTES AND PICTURES

YES    NO

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PERFORMED WORK INSPECTION – WITH EXTERIOR AND INTERIOR VISUAL/SENSORY INSPECTION	COMPLETED	
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TAKE JOB INSPECTION NOTES AND PICTURES

EVALUATE INSTALLED MEASURES TO FIELD GUIDE/SWS

IDENTIFY MISSED OPPORTUNITIES

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

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# NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS

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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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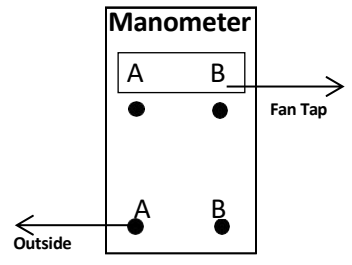
FAN #1 LOCATION \_\_\_\_\_ TEST RESULTS: CFM FAN RATING: \_\_\_\_\_ P  F

FAN #2 LOCATION \_\_\_\_\_ TEST RESULTS: CFM FAN RATING: \_\_\_\_\_ P  F

FAN #3 LOCATION \_\_\_\_\_ TEST RESULTS: CFM FAN RATING: \_\_\_\_\_ P  F

BLOWER DOOR TEST	COMPLETED <input type="checkbox"/>
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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

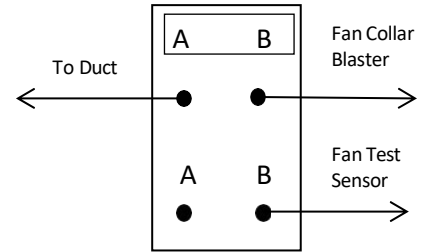
# NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS

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DUCT BLASTER TEST	N/A		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

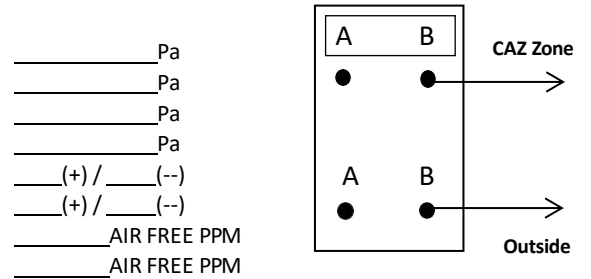
### Manometer



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 \_\_\_\_\_ (+) / \_\_\_\_\_ (--)
- PERFORM SPILLAGE TEST WARM VENT 2 MINUTES \_\_\_\_\_ (+) / \_\_\_\_\_ (--)
- PERFORM SPILLAGE TEST COLD VENT 5 MINUTES \_\_\_\_\_ AIR FREE PPM
- PERFORM COMBUSTION TEST (CO) AT 5 MINUTES IN LOWEST BTU APPLIANCE. \_\_\_\_\_ AIR FREE PPM
- PERFORM COMBUSTION TEST (CO) IN HIGHEST BTU APPLIANCE.

### Manometer



\*CO LEVEL EXCEEDING THRESHQlds 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)		COMPLETED
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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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CLOSE OUT THE PROJECT	COMPLETE
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- ENSURE ALL PUNCH LIST ITEMS WERE COMPLETED
- MAKE SURE ALL SIGNATURES ARE OBTAINED
- EXPLAIN HOW I MAINTAIN JOB LOGS
- EXPLAIN HOW I MAINTAIN INFORMATION ON ACTIVE COMPLAINTS
- EXPLAIN HOW I MAINTAIN JOB ANOMALIES (UNORDINARY)

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OVERALL:                      PASS     FAIL  (SEE NOTES)

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I, \_\_\_\_\_, AGENCY representative, performed final diagnostics, reviewed and verified all appropriate measures were on work order, reviewed and verified invoiced costs are consistent with original audit estimates, and certify that all completed work meets the minimum specifications required by the State of New Jersey Weatherization Assistance Program.

**Initial Inspection**

_____	_____	_____	_____
QCI SIGNATURE	QCI #	AGENCY	DATE

**Re-Inspection**

_____	_____	_____	_____
QCI SIGNATURE	QCI #	AGENCY	DATE