

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

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?	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
IF NO, WHAT IS INCORRECT?		
	Yes	No
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?		

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			

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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

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 ☐

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

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

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PERFORMED WORK INSPECTION – WITH EXTERIOR AND INTERIOR VISUAL/SENSORY INSPECTION

COMPLETED ☐

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 ☐

COMPLETED ☐

☐ FAN #1 LOCATION _____ TEST RESULTS: CFM FAN RATING: _____ P ☐ F ☐

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

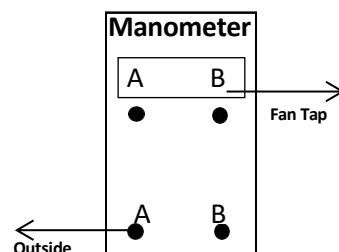
☐ FAN #3 LOCATION _____ TEST RESULTS: CFM FAN RATING: _____ P ☐ F ☐

BLOWER DOOR TEST

COMPLETED ☐

- ☐ 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 ☐

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 ☐

COMPLETED ☐

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

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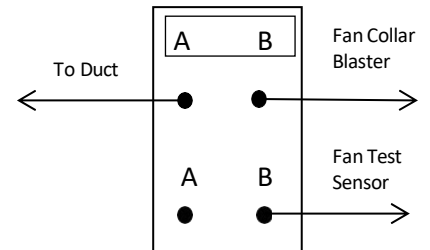
DUCT BLASTER TEST

N/A

COMPLETED

- ☐ 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



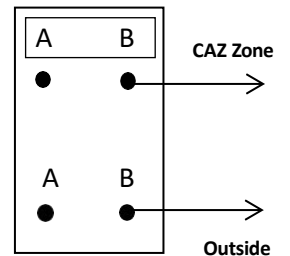
CAZ & COMBUSTION TESTING

IF CAZ OUTSIDE- N/A

COMPLETED

- ☐ 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

Manometer



**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

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

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 ☐

- ☐ 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)

OVERALL:

PASS

☐

FAIL

☐

(SEE NOTES)

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