

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"/>
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Notes:

Blower Door Diagnostics

Pre: _____ @cfm50 Post: _____ @cfm50 QCI final: _____ @cfm50

Attic zonal: _____ Pa	Crawl zonal: _____ Pa	Wall zonals (if DP):	Front: _____ n/a <input type="checkbox"/>	Right: _____ n/a <input type="checkbox"/>	Left: _____ n/a <input type="checkbox"/>	Back: _____ n/a <input type="checkbox"/>
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Notes:

Ventilation - SWS 6.60 - 6.99

Dryer Vented? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Quality dryer vent install? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
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Rigid/Semi-Rigid ducting used? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Ducting insulated? (R-8) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
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Bath 1	Bath 2 <input type="checkbox"/> n/a	Bath 3 <input type="checkbox"/> n/a	Kitchen:	
vented? <input type="checkbox"/> Y <input type="checkbox"/> N	gas? <input type="checkbox"/> Y <input type="checkbox"/> N			
cfm: _____	cfm: _____	cfm: _____	cfm: _____	
window? <input type="checkbox"/> Y <input type="checkbox"/> N				

Notes:

ASHRAE Compliance - SWS 6.9901.1

Target calculation present? <input type="checkbox"/> Y <input type="checkbox"/> N	Post-calculation present? <input type="checkbox"/> Y <input type="checkbox"/> N	correct? <input type="checkbox"/> Y <input type="checkbox"/> N
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Adjustment made at Final Inspection? <input type="checkbox"/> Y <input type="checkbox"/> N	Continuous? <input type="checkbox"/> Y <input type="checkbox"/> N	timer? <input type="checkbox"/> Y <input type="checkbox"/> N
		de minimus (<15 cfm)? <input type="checkbox"/> Y <input type="checkbox"/> N

Notes:

Heating/Cooling - SWS 5.30 - 5.33

Replacement? → <input type="checkbox"/> Y <input type="checkbox"/> N	Documentation? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Pictures? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
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Repair? → <input type="checkbox"/> Y <input type="checkbox"/> N	Documentation? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Pictures? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
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Filters left with client? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Instructions for replacement? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
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Clean and Tune? <input type="checkbox"/> Y <input type="checkbox"/> N	Proper venting? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Liner? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
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Notes:

Ducts - SWS 3.16 & 4.1601							
Duct air-sealing present? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				Duct insulation present? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A			
Duct R-value \geq R-8? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				Boots/metal fittings insulated? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A			
Duct insulation grade:	Pass			Fail			<input type="checkbox"/> N/A
	<input type="checkbox"/> Grade I		<input type="checkbox"/> Grade II		<input type="checkbox"/> Grade III		
	High Quality		Needs Improvement		Poor Quality		
Total Duct Leakage (CFM 25)	Pre		QCI Post				<input type="checkbox"/> N/A
Duct Leakage To Outside (CFM 25)	Pre		QCI Post				<input type="checkbox"/> N/A
Duct Pressure (Pa)							

Notes:

Combustion Safety - SWS 2.02									
Appliance 1 <input type="checkbox"/> N/A				Appliance 2 <input type="checkbox"/> N/A					
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
<i>Pre</i> CAZ test complete? <input type="checkbox"/> Y <input type="checkbox"/> N				<i>Pre</i> CAZ test complete? <input type="checkbox"/> Y <input type="checkbox"/> N					
<i>Post</i> CAZ test complete? <input type="checkbox"/> Y <input type="checkbox"/> N				<i>Post</i> CAZ test complete? <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 <input type="checkbox"/> N/A				Gas Range <input type="checkbox"/> N/A					
Type:				Distribution lines checked for leaks? <input type="checkbox"/> Y <input type="checkbox"/> N					
<input type="checkbox"/> NG	<input type="checkbox"/> LP	<input type="checkbox"/> Oil	<input type="checkbox"/> Wood	<input type="checkbox"/> Other	Undiluted Oven CO reading _____ PPM				
<i>Pre</i> CAZ test complete? <input type="checkbox"/> Y <input type="checkbox"/> N				CO _____		←Rear→		CO _____	
<i>Post</i> CAZ test complete? <input type="checkbox"/> Y <input type="checkbox"/> N				CO _____		←Front→		CO _____	
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		Service required? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A					
Worst Case CO ___ ppm		Amb. CO ___ ppm							

Notes:

Health & Safety - SWS 2.03-2.07							
Smoke alarm(s) present? <input type="checkbox"/> Y <input type="checkbox"/> N				CO alarm(s) present? <input type="checkbox"/> Y <input type="checkbox"/> N			
Lead-based paint present? <input type="checkbox"/> Y <input type="checkbox"/> N		Lead test in file? <input type="checkbox"/> Y <input type="checkbox"/> N		Client Sign off? <input type="checkbox"/> Y <input type="checkbox"/> N			
Asbestos Containing Material (ACM) or Vermiculite addressed? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A							
Knob & Tube present? <input type="checkbox"/> Y <input type="checkbox"/> N		Knob & Tube addressed? (2.0601.1) <input type="checkbox"/> Y <input type="checkbox"/> N		↓			
Unvented Space Heater present? <input type="checkbox"/> Y <input type="checkbox"/> N		Client CO acknowledgment? <input type="checkbox"/> Y <input type="checkbox"/> N					

Notes:

Base Load Measures - SWS 7.80-7.88				
Lighting retrofit complete?	<input type="checkbox"/> Y <input type="checkbox"/> N	DHW tank insulated? (R-24)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
DHW tank replaced?	<input type="checkbox"/> Y <input type="checkbox"/> N	Documentation present 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°	adjusted?	<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 3.10 / 4.10				
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?
Rulers present?	<input type="checkbox"/> Y <input type="checkbox"/> N	Flags?	<input type="checkbox"/> Y <input type="checkbox"/> N	Flue dam present?
Insulation bag count/date present?	<input type="checkbox"/> Y <input type="checkbox"/> N	Knee walls addressed?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Exhaust venting?	<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 Insulation grade:	Pass		Fail	
	<input type="checkbox"/> Grade I	<input type="checkbox"/> Grade II	<input type="checkbox"/> Grade III	
	High Quality	Needs Improvement	Poor Quality	
Mobile home roof blow?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Roof patching present?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Notes:				
Walls - SWS 3.11 / 4.11				
Bag count info available?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Material:	<input type="checkbox"/> Fiberglass	
Ballon-framed?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		<input type="checkbox"/> Cellulose	
Wall Insulation grade:	Pass		Fail	
	<input type="checkbox"/> Grade I	<input type="checkbox"/> Grade II	<input type="checkbox"/> Grade III	
	High Quality	Needs Improvement	Poor Quality	
Notes:				
Subspace - SWS 3.14 / 4.14				
Crawlspace present?	<input type="checkbox"/> Y <input type="checkbox"/> N	Ground Vapor Barrier Install?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Ground Vapor Barrier grade:	Pass		Fail	
	<input type="checkbox"/> Grade I	<input type="checkbox"/> Grade II	<input type="checkbox"/> Grade III	
	High Quality	Needs Improvement	Poor Quality	
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	
Crawl Insulation grade:	Pass		Fail	
	<input type="checkbox"/> Grade I	<input type="checkbox"/> Grade II	<input type="checkbox"/> Grade III	
	High Quality	Needs Improvement	Poor Quality	
Floor insulated?	<input type="checkbox"/> Y <input type="checkbox"/> N	Wall insulated?	<input type="checkbox"/> Y <input type="checkbox"/> N	Band joist insulated?
Notes:				

Doors & Windows - SWS 3.12			
↓ 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
<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Side		<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Side	
Documentation present?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Documentation present?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Pictures?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Pictures?	<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
Documentation present?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Documentation present?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Pictures?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Pictures?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Please provide detail in notes section regarding window location(s) repaired or replaced			
Notes:			
Measure List and Invoice			
All measures installed?	<input type="checkbox"/> Y <input type="checkbox"/> N	Invoice checked against materials used?	<input type="checkbox"/> Y <input type="checkbox"/> N
Measures checked against Standard Work Specifications ?			<input type="checkbox"/> Y <input type="checkbox"/> N
Proper documentation provided for discrepancies ?	<input type="checkbox"/> Y <input type="checkbox"/> N	Follow-up needed?	<input type="checkbox"/> Y <input type="checkbox"/> N
Notes:			
Software & Files			
NEAT <input type="checkbox"/>	MHEA <input type="checkbox"/>	HEAT <input type="checkbox"/>	Priority List <input type="checkbox"/>
Audit located 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	Complete File Documentation?	<input type="checkbox"/> Y <input type="checkbox"/> N
Documentation Properly Filled Out?	<input type="checkbox"/> Y <input type="checkbox"/> N	Documentation Properly Signed?	<input type="checkbox"/> Y <input type="checkbox"/> N
All diagnostic tests reviewed?	<input type="checkbox"/> Y <input type="checkbox"/> N	Signed Client Response?	<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	Dirt and debris cleaned before leaving?	<input type="checkbox"/> Y <input type="checkbox"/> N
Client Education provided?	<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	
_____ Date: _____	BPI # _____ Exp.Date: _____
Quality Control Inspector	Credentials