

Kentucky WAP QCI Final Inspection Checklist



Agency: _____ Client Name: _____

QCI: _____ Job# _____ Date: _____

Address: _____

Auditor/Estimator: _____ Crew Leader: _____

Subcontractors: _____

Site-Built
 Mobile
 Manufactured
 Multi-Family
 Shelter

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 Y N

Attic zonal: _____ Pa	Crawl zonal: _____ Pa	Wall Zonals	W1	W2	W3	W4	W5
			W6	W7	W8	W9	W10

Notes:

Ventilation - SWS 6.01-6.02

All venting terminated correctly Y N Insulated correctly Y N

Dryer venting installed correctly Y N N/A Fan installed correctly (SWS 6.0201) Y N

Rigid ducting used (SWS 6.0202.1) Y N Ducting sloped correctly Y N 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) Y N

Timer Y N if yes _____ min per hr Continuous Y N

Notes:

Heating/Cooling - SWS 5.01-5.88 Gas Electric Oil Wood

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

QCI final duct blaster readings still achieve SIR Y N

Notes:

Combustion Safety - SWS 5.05

Leaks present in distribution lines Y N Correct piping material Y 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					CO _____		←Front→	CO _____	
Worst Case _____ Pa		Spillage <input type="checkbox"/> Pass <input type="checkbox"/> Fail			Readings within proper range <input type="checkbox"/> Y <input type="checkbox"/> N				
Worst Case Draft _____ Pa <input type="checkbox"/> Pass <input type="checkbox"/> Fail									
Worst Case CO _____ ppm			Amb. CO _____ ppm						

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 Crawlspaces <input type="checkbox"/> Basements <input type="checkbox"/> Slabs <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	
Crawlspaces 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 3.02Door(s) replaced Y N N/ADoor(s) repaired Y N N/AWindow(s) replaced Y N N/AWindow(s) repaired Y N N/A**Notes:****Measure List and Invoice**All measures installed Y N N/AInvoice verified against materials used Y N N/AAll deficiencies documented for repair Y N N/AFollow-up needed Y N N/A**Notes:****Software & Files**

NEAT__ MHEA__ MULTEA__

Audit in client file Y N N/AAll (ECM) measures >1 SIR Y N N/AWork order reviewed Y N N/AInvoice(s) reviewed Y N N/AJob costs agree with billed costs Y NRequired forms in client file (WXPM 1.5) Y NDocumentation properly completed Y NAll documentation signed Y NAll diagnostic tests reviewed Y NRequired client signatures received Y NAll measures still maintain >1SIR with final diagnostic readings and cost Y N**Notes:****Client Interaction**All Wx materials removed from jobsite Y NCleaned before leaving Y NClient Education signed Y NAll release forms signed Y NClose-out interview conducted by QCI Y NAny client complaints or issues Y NClient complaints addressed Y N N/AFollow-up needed with client Y 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