Kentucky WAP **QCI** Final Inspection Checklist

Kentucky Housing Corporation
Investing in quality housing solutions.

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 or KYWXPM)				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	W11

Notes:

Ventilation - SWS 6.01-6.03

All venting terminated corrrectly □ 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 □ N/A	Bath 3 □ N/A	Kitchen		
fan □ Y □ N	fan □ Y □ N	fan □ Y □	Vented □ Recirculator □ N/A □		
cfm _____	cfm _____	cfm _____	cfm _____	Gas	□ Y □ N
window □ Y □ N	window □ Y □ N	window □ Y □	window □ Y □ 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 □ Y □ N	Replaced as H&S □ or ECM □	
Repair □ Y □ N	Vented correctly □ Y □ N	Req. clearances met □ Y □ 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 □ Y □ N	

Notes:

Ducts - SWS 5.0101-5.0188 **No ducts present**_____ **Ducts in conditioned area**_____

Duct air-sealing performed □ Y □ N □ N/A				Duct insulation installed □ Y □ N □ N/A R-value_____				
Duct securely supported □ Y □ N □ N/A				Duct insulation installed correctly □ Y □ N				
Total Duct Leakage	Pre		@25	QCI Post		@25	(12% Total floor area)	
Duct Leakage To Outside	Pre		@0	QCI Post		@0	(8% Total floor area)	
Pressure pan readings	pa	pa	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:

Health and Safety- SWS 2.0101 & 2.0102

Smoke Alarms present and installed correctly □ Y □ N □	Co Detector(s) present and installed correctly □ Y □ N □

Combustion Safety - SWS 5.05, ANSI/BPI-1200

Leaks present in distribution lines □ Y □ N Correct piping material □ Y □ N Outside Temp. _____

Appliance 1 N/A □ Type:					**Appliance 2 N/A** □ Type:				
□ NG	□ LP	□ Oil	□ Wood	□ Other	□	□ LP	□ Oil	□ Wood	□ Other
Pre CAZ test performed □ Y □ N					***Pre*** CAZ test performed □ Y □ N				
Post CAZ test performed □ Y □ N					***Post*** CAZ test performed □ Y □ N				
Worst Case_____Pa		Spillage □ Pass □ Fail			Worst		Spillage □ Pass □ Fail		
Worst Case CO ____ppm		Amb. CO ____ppm			Worst Case CO ____ppm		Amb. CO ____ppm		
Appliance 3 N/A □ Type:					**Gas Range N/A** □				
□ NG	□ LP	□ Oil	□ Wood	□ Other	Oven CO reading _____ PPM				
Pre CAZ test performed □ Y □ N					Readings within proper range □ Y □ N				
Post CAZ test performed □ Y □ N					Do range top burners pass visual inspection? __Y __N				
Worst Case____Pa		Spillage □ Pass □ Fail			**SPECIFY ANY BURNER DEFICIENCIES IN NOTES SECTION**				

Worst Case CO ____ppm	Amb. CO ____ppm	SPECIFY ANY BURNER DEFICIENCIES IN NOTES SECTION

Notes:

Base Load Measures - SWS 7.01-7.03		
Lighting retrofit complete □ Y □ N	DHW tank insulated (SWS 7.0301.2) □ Y □ N □ N/A	
DHW tank replaced □ Y □ N	DWH replacement approval in file □ Y □ N □ N/A	
Water lines insulated 6' □ Y □ N □ N/A	DHW temperature_____°F	Temperature adjusted □ Y □ N
Refrigerator replaced □ Y □ N	Metering information in file □ Y □ N	
Low-flow showerheads □ Y □ N □ N/A	Aerators installed □ Y □ N □ N/A	

Notes:

Attic - SWS 3.0102.1, 3.0102.3, 3.0103, 3.0105, 4.01		
Attic insulated □ Y □ N	Attic air-sealed □ Y □ N	Attic entry A/S and insulated □ Y □ N
Rulers present □ Y □ N	Flags □ Y □ N	Flue dam installed □ Y □ N □ N/A
Insulation documentation posted □ Y □ N	Knee walls addressed □ Y □ N □ N/A	Baffles installed □ Y □ N □ N/A
Attic ventilation adequate □ Y □ N □ N/A	Attic insulated correctly □ Y □ N	Mobile home roof blow □ Y □ N □ N/A
Roof/ceiling patching correct □ Y □ N □ N/A		

Notes:

Walls - SWS 4.02	
Insulation documentation posted □ Y □ N	Material □ Fiberglass □ Cellulose
Insulation installation holes patched/sealed correctly □ Y □ N □ N/A	
Balloon-framed □ Y □ N □ N/A	Balloon framing sealed correctly □ Y □ N
Walls insulated correctly □ Y □ N	

Notes:

Subspace - SWS 3.0102.5-3.0102.8, 3.0104, 4.03-4.04 **Crawlspace** □ **Basement** □ **Slab** □		
Conditioned □ Unconditioned □	Ground vapor barrier installed correctly □ Y □ N	
Piers wrapped/seams sealed □ Y □ N □ N/A	Subfloor air-sealed □ Y □ N □ N/A	
Crawlspace access installed □ Y □ N	Insulation documentation posted □ Y □ N	
Crawlspace insulation installed correctly □ Y □ N		
Floor insulated □ Y □	Wall insulated □ Y □	Band joist insulated □ Y □ N

Notes:

Doors & Windows - SWS 3.0202			
Door(s) replaced	□ Y □ N □ N/A	Door(s) repaired	□ Y □ N □ N/A
Window(s) replaced	□ Y □ N □ N/A	Window(s) repaired	□ Y □ N □ N/A

Notes:

Measure List and Invoice			
All measures installed	□ Y □ N □ N/A	Invoice verified against materials used	□ Y □ N □ N/A
All deficiencies documented for repair	□ Y □ N □ N/A	Follow-up needed	□ Y □ N □ N/A

Notes:

Software & Files NEAT___ MHEA ___TREAT___	
Field data collection matches audit input □ Y □ N □ N/A	
Audit in client file □ Y □ N □ N/A	All (ECM) measures >1 SIR □ Y □ N □ N/A
DCF & Work order reviewed □ Y □ N □ N/A	Invoice(s) reviewed □ Y □ N □ N/A
Job costs agree with billed costs □ Y □ N	Required forms in client file (WXPM 1.5) □ Y □ N
Documentation properly completed □ Y □ N	All documentation signed □ Y □ N
All diagnostic tests reviewed □ Y □ N	Required client signatures received □ Y □ N
All measures still maintain >1SIR with final diagnostic readings and cost □ Y □ N	

Notes:

Client Interaction	
All Wx materials removed from jobsite □ Y □ N	Cleaned before leaving □ Y □ N
Client Education signed □ Y □ N	All release forms signed □ Y □ N
Close-out interview conducted by QCI □ Y □ N	Any client complaints or issues □ Y □ N
Client complaints addressed □ Y □ N □ N/A	Follow-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**