



LOUISIANA HOUSING CORPORATION WEATHERIZATION ASSISTANCE PROGRAM QUALITY CONTROL FINAL INSPECTION (QCI) FORM

Grantee: \_\_\_\_\_ Subgrantee: \_\_\_\_\_

Job #: \_\_\_\_\_ Completed/Date of Completion \_\_\_\_\_

Agency Inspector: \_\_\_\_\_ Client name: \_\_\_\_\_  Owner  Renter

City/ Street: \_\_\_\_\_ Pre-1979 Home:  Yes  No

Housing Type:  Single Family  Mobile Home  Multi-Family  Shelter

Primary Fuel Type:  Natural Gas  Propane  Electric  Oil  Other: \_\_\_\_\_

FILE REVIEW YES NO N/A Comments- File

- 1. Eligibility De termination Present?
2. Energy Audit Priority List
3. Work Order/ Building Weatherization Report
4. Work Agreement
5. Lead-Paint Notification Documented
6. Certified Renovator Documentation
7. Lead Safe Weatherization Documentation
8. Mold/Moisture Form Documentation
9. Other Hazardous Notification Form
10. State Historic Preservation Documentation
11. Combustion Appliance Safety Tests
12. Pre & Post Combustion Safety Tests
13. Pre & Post Blower Door Result (@CFM 50)

Pre #: \_\_\_\_\_ Post #: \_\_\_\_\_

- 14. Final Inspection Form Signed
15. Reworks Required by Sub grantee
16. Client Satisfaction Signed/Dated
17. Other (Describe): \_\_\_\_\_

ON-SITE WORK ASSESSMENT

HEATING, VENTILATION, AIR CONDITIONING

- 1. Heating System Replacement
2. Air Conditioning Replacement
3. Heating System Tune-Up/ Filter
4. Air Conditioning Tune-Up/ Filter
5. Duct Sealing
6. Set-Back Thermostat

Comments- HVAC

ATTIC

- 1. Attic Insulation Installed:
2. Good Coverage R-value
3. Insulation Certificate Completed & Posted
4. Heat Source / Vent Damming
5. Attic Access Insulated and Secured
6. Energy Related Repairs
7. Work Meets Standards

Comments- Attic Work

**SIDEWALLS & KNEEWALLS**

YES	NO	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments – Sidewalls

1. Walls Insulated by WAP
  - a. Dense-pack method
2. Plugs, Patching, & Painting appropriate
3. Energy Related Repairs: \_\_\_\_\_
4. Work Meets Standards

**SUBSPACE**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments – Subspace

1. Foundation/ Perimeter Insulation added:
2. Floor Insulation added by WAP
3. Basement Wall Insulation by WAP
4. Vapor Barrier added; Coverage & Secure
5. Work Meets Standards

**WINDOWS/DOORS**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments – Windows/Doors

1. Number of Windows Replaced: \_\_\_\_\_
2. Proper Justification
3. Number of Storm Windows Installed: \_\_\_\_\_
4. Number of Doors Replaced: \_\_\_\_\_
5. Door Weather-stripping/Threshold/Sweeps
6. Other:           Sunscreens / Film
7. Work Meets Standards

**OTHER MEASURES**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comment – Other Measures

1. Water Heater Replacement
2. Water Heater Treatment (Tank Wrap)
3. Pipe Insulation
4. HVAC filters
5. Low Flow Shower Heads
6. Lighting – CFLs Installed:
7. Refrigerator Replacement
  - i. Metering/ other Documentation
8. Smoke /Carbon Monoxide Detectors
9. Other H&S Measures \_\_\_\_\_
10. Other Energy Related Repairs \_\_\_\_\_
11. Air Sealing Measures
12. Other (Describe): \_\_\_\_\_
13. Work Meets Standards

Unit needs additional attention from the agency?    YES  NO

Notes and Re-Works (Add comments on additional pages if necessary):

I certify that I have performed a final inspection on the dwelling unit identified above and determined that it has met or exceeded every requirement of DOE’s Standard Work Specification and the Louisiana Field Guide for Weatherization.

QCI Assessor Name (Print): \_\_\_\_\_ BPI QCI Number: \_\_\_\_\_

QCI Signature: \_\_\_\_\_ QCI Inspection Date: \_\_\_\_/\_\_\_\_/\_\_\_\_