

Agency:	
Client:	

Year home was built:	
Job Number:	

DOCUMENTATION REVIEW

Per WAP Memorandum 010: Quality Management Plan - Record Keeping and Reporting	Present	Complete
Income Eligibility documentation		
Owner/Rental documentation		
Deferral info if applicable		
SHPO documentation		
Zero Income Affidavit		
Change order/reworks		
Moisture Assessment Form		
Home Health Screening Questionnaire		
Client Acknowledgment form		
Client Consent of liability		
Brief Guide to Mold Notification		
Renovate Right Notification		
A Citizen Guide to Radon Notification		
Smoke & CO Notification:		

	Present	Complete	NOTES
ASHRAE calculation form Pre			
ASHRAE calculation form Post			
Daily Safety Test Out			For each day of work
All workers verified and allowed to be in clients' homes			
Certificate of Insulation			Quantities correct and complete for all insulation installed
XRF Report			Were all applicable Lead Policies followed?
Renovation keeping checklist			
Gas Appliance Form			
Manual J			
Gas Cook Stove			
Required coversheet			
Applicable work order			
Heating System Form			
New Furnace Form			

Each file must have clear records of any client interactions during the weatherization process

I, _____ have reviewed the ENTIRE client file against the requirements of IHCD and ALL information is contained within the file and the job is complete and ready to be closed. Date: _____

HEALTH & SAFETY SWS		
	QCI	NOTES
Were all applicable Lead Policies followed?		
Do any other required forms list unaddressed health & safety issues?		

PRESSURE DIAGNOSTICS							
----------------------	--	--	--	--	--	--	--

Target blower door		Was BD target met?				If no, why?	
DATE:							
	Audit	Interim/ Shell	Shell	Shell	QCI 1	QCI 2	QCI 3
Blower door method: pressurized or de-pressurized	P / D	P / D	Y / N	Y / N	Y / N	Y / N	Y / N
Blower door CFM50							
Main body PD							
attic							
crawl/basement							
house to garage PD/cfm leakage							

Below the floor	R- Value Audit	R- Value shell	QCI 1	QCI 2	Clearance to combustibles	Major bypasses sealed	Notes
Band joist					Y / N	Y / N	
Foundation ceiling					Y / N	Y / N	
Foundation wall					Y / N	Y / N	
					Y / N	Y / N	
					Y / N	Y / N	
Mobile belly					Y / N	Y / N	

The vapor barrier is installed per SWS	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
--	-------	-------	-------	-------	-------	-------

	Audit	Shell	QCI 1	QCI 2	QCI 3
Ducts outside the thermal boundary are sealed	Y / N	Y / N	Y / N	Y / N	Y / N
Ducts outside the thermal boundary are insulated per SWS	Y / N	Y / N	Y / N	Y / N	Y / N
Certificate of Insulation is posted Location:	Y / N	Y / N	Y / N	Y / N	Y / N
Certificate of Insulation is accurate and complete	Y / N	Y / N	Y / N	Y / N	Y / N
The ES report for form is posted on site Location:	Y / N	Y / N	Y / N	Y / N	Y / N

QCI ONLY

	QCI Initials	NOTES
The scope of work is in the file and verified		
All appropriate measures were on work order		
Documentation and justification are in the file for measures not performed		
I have reviewed and evaluated the initial field data and it is accurate and complete.		
All bids and estimates have been verified against invoices. Note any deviations.		
I have reviewed the Field data with the NEAT/MHEA run and the correct Weather file and fuel cost were utilized.		
I have reviewed the ENTIRE client file against the requirements of IHCD and ALL information is contained within the file and the job is complete and ready to be closed.		

QCI Printed Name and BPI #	Signature	Date	Pass/Fail
			Pass / Fail
			Pass / Fail
			Pass / Fail

REWORK REQUIRED

SWS or other citing	Observation, List Health and Safety first	Date Repaired

Notes and Trends

Training Recommendations:

Client Signature:

Date:

Date:

Date: