



| Agongu | | | | | | Year built | | e was | |
|--|--------------|---------|----------|----------|--|---------------|----------|--------------------------|--------------------------------------|
| Agency: | | | | | | | | | |
| Client: | | | | | | l doL | vum | oer: | |
| | | | | <u> </u> | DOCUMENTATION REVIEW | | • | | |
| Per WAP Memorand Quality Manageme Record Keeping and | nt Plan - | Present | Complete | | | Present | Complete | | NOTES |
| Income Eligibility docu | mentation | | | | ASHRAE calculation form Pre | | | | |
| Owner/Rental docur | mentation | | | | ASHRAE calculation form Post | | | For each d | ay of work |
| Deferral info if appli | cable | | | | Daily Safety Test Out | | | 7 O. Cacii a | u, 0. 110111 |
| SHPO documentatio | n | | | | All workers verified and allowed to be in clients' homes | | | | |
| Zero Income Affidav | it | | | | Certificate of Insulation | | | | correct and complete ation installed |
| Change order/rewor | ks | | | | XRF Report | | | Were all ap followed? | oplicable Lead Policies |
| Moisture Assessmen | t Form | | | | Renovation keeping checklist | | | | |
| Home Health Screen | ing | | | | | | | | |
| Questionaire | | | | | Gas Appliance Form | | | | |
| Client Acknowledgm | ent form | | | | Manual J | | | | |
| Client Consent of lia | bility | | | | Gas Cook Stove | | | | |
| Brief Guide to Mold Notification | | | | | Required coversheet | | | | |
| Renovate Right Noti | fication | | | | Applicable work order | | | | |
| A Citizen Guide to Rad Notification | on | | | | Heating System Form | | | | |
| Smoke & CO Notifica | ntion: | | | | New Furnace Form | | | | |
| Each file must have o | clear record | ds of | any cl | lient | interactions during the weatheriz | ation | proc | ess | |
| Ι, | | | | | have reviewed the ENTIRE | | | _ | - |
| and Al | LL informat | ion is | cont | aine | d within the file and the job is con Date: | nplet | e and | ready to b | e closed. |
| | | | | | HEALTH & SAFETY SWS | | | | |

QCI

NOTES



| Indiana Housing & Community | Development Au | thority | | | | | _ | | | | | | | |
|-----------------------------|----------------|-------------|-----|-------------|------|-----------|----|--------|------|----------|---|-------|---|-------|
| Were all applicable Lead F | Policies fol | lowed? | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Do any other required for | ms list una | addressed h | iea | alth & safe | ty i | ssues? | 1 | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | PRESSURE | D | IAGNOSTIC | CS | | | | | | | |
| | | | | | | | | | | | | | | |
| Target blower door | | | | Was BD ta | ırg | et met? | | | lf ı | no, why? | | | | |
| | | | | | | | 1 | | | | | | | |
| | DATE: | | | | | | - | | | | - | | | |
| | | | | Interim/ | | | | | | | | | | |
| | | Audit | | Shell | | Shell | | Shell | | QCI 1 | | QCI 2 | | QCI 3 |
| Blower door method: | | D / D | | D / D | | V / NI | | W / NI | | V / N | | V / N | | V / N |
| pressurized or de-pressuri | zed | P/D | | P/D | | Y / N | | Y / N | | Y / N | - | Y / N | - | Y / N |
| Blower door CFM50 | | | | | | | | | | | - | | | |
| Main body PD | | | | | | | | | | | | | | |
| attic | | | | | | | | | | | | | | |
| crawl/basement | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| house to garage PD/cfm le | eakage | | | | | | | | | | | | - | |
| | | | | | | | • | | | | _ | | | |
| | | | | | | | | | | | | | | |

| | PRESSURE PAN READINGS | | | | | | | | | | | | |
|----------|-----------------------|-----|-------|--|-------|---|---------|--|-------|--|-------|---|-------|
| Supplies | Au | lit | Shell | | Final | | Returns | | Audit | | Shell | | Final |
| | | | | | | - | | | | | | - | |
| | | | | | | | | | | | | | |



| Indiana Housing & Co | mm | unity Developmen | T.AU | thority | | | | | | | | _ | |
|----------------------|----|------------------|------|---------|------------|-----------|----|------------------|-------|----------------------------|-------|---|-------|
| Indiana Housing & Co | | unity Developmen | t Au | thority | | | | Room Pressures | Audit | - - - - - - | Shell | | Final |
| | | | | | | | | | | - | | | |
| | | | | THE | , , | AAL AND D | DE | SCLIDE DOLINDADY | | | | | |

| THERIVIAL AIND PRESSURE DOUNDART | | | | | | | | | | | | | |
|----------------------------------|--|--|---|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | |
| _ | | | _ | | | | | | | | | | |

| All R-Values | are the Eff | <u>fective Value</u> | es per BP | Standards |
|--------------|-------------|----------------------|-----------|-----------|
| | | | | |

| Attic | R- Value Audit | R- Value Shell | R- Value QCI 1 | R- Value QCI 2 | Clearance to combustibles met | Major bypasses sealed | Markers present | Rulers presen t |
|-------|-------------------|-------------------|-------------------|-------------------|-------------------------------|-----------------------------|--------------------|-----------------------|
| | | | | | | | | |

| | R- Value | Walls | Infrared |
|-------|----------|----------|----------|
| Walls | Audit | Accessed | Used |
| | | Y/N | Y/N |

| R- Value | Walls | Infrared |
|----------|----------|----------|
| Shell | Accessed | Used |
| | Y/N | Y/N |

| R- Value QCI | Walls Accessed | Infrared Used |
|-----------------|-------------------|------------------|
| | Y/N | Y/N |

| R- Value Audit | |
|-------------------|--|
| | |

| R- Value shell | |
|-------------------|---|
| | |
| | ı |

| QCI 1 | |
|-------|--|
| | |
| | |

| QCI 2 | |
|-------|--|
| | |
| | |

| an | ce to |
|----|--------|
| us | tibles |
| / | N |
| / | N |
| | |

| Major bypasses | | | | |
|-------------------|------|--|--|--|
| sea | aled | | | |
| Υ | / N | | | |
| Υ , | / N | | | |



| | mmunity Development Au | thority | | | | | | |
|------------------------------|------------------------|---------------|-----------------|----------|-------|-------|-------|----------|
| Foundation wall | | | | | V / N | V / N | | |
| roungation wall | | | | | Y / N | Y / N | | |
| | | | | | Y / N | Y / N | | |
| | | | | | Y / N | Y / N | | |
| Mobile belly | | | | | Y / N | Y / N | | |
| | | | | | . , | _ , , | | |
| | ı ——— | | | | | | | |
| The vapor barrier is | | | | | | | | |
| _ | | V / N | V / N | V / N | V / N | V / N | | |
| installed per SWS | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | | |
| | | | | - I | | | | ٦ |
| | | 1 | Audit | Shell | QCI 1 | QCI 2 | QCI 3 | 4 |
| Ducts outside the th | ermal boundary | / are | | | | | | |
| sealed | | | Y / N | Y / N | Y / N | Y / N | Y / N | 4 |
| Ducts outside the th | ermal boundary | / are | | | | _ | | |
| insulated per SWS | | | Y / N | Y / N | Y / N | Y / N | Y / N | 4 |
| Certificate of Insulat | ion is posted | | | | | _ | | |
| Location: | | | Y / N | Y / N | Y / N | Y / N | Y / N | 4 |
| Certificate of Insulat | ion is accurate a | and | | | | _ | | |
| complete | | | Y / N | Y / N | Y / N | Y / N | Y / N | 4 |
| The ES report for for | m is posted on s | site | | | | _ | | |
| Location: | | | Y / N | Y / N | Y / N | Y / N | Y / N | |
| | | | | | | | | |
| | | | REWORK | REQUIRED | | | | |
| | | | | | | | | |
| | | | | | | | | Data |
| Required SWS or | | | | | | | | Date |
| Required SWS or other citing | Observation, Li | ist Health ar | nd Safety first | | | | | Repaired |
| - | Observation, Li | ist Health ar | nd Safety first | | | | | |
| - | Observation, Li | ist Health ar | nd Safety first | | | | | |
| - | Observation, Li | ist Health ar | nd Safety first | | | | | |
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| other citing | Observation, Li | ist Health ar | nd Safety first | | | | | |
| other citing | Observation, Li | ist Health ar | nd Safety first | | | | | |
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| - | Observation, Li | ist Health ar | nd Safety first | | | | | |
| other citing | Observation, Li | ist Health ar | nd Safety first | | | | | |





| | 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. | | | | | |
| uata 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 IHCDA and ALL information is | | | | | |
| contained within the file and the job is complete | | | | | |
| | | | | | |
| QCI Printed Name and BPI # | | Signature | | Date | Pass/Fail |
| | | | | | Pass / |
| | | | | | Fail |
| | | | | | - |
| | | | | | Pass / |
| | | | | | Fail |
| | | | | | Pass / |
| | | | | | Fail |

| Client Feedback | |
|---|--|
| | |
| | |
| Warranty, Followup Details, and Contact Information for Support | |
| | |
| | |
| | |



| Client Signature: | | | |
|-------------------|-------|-------|--|
| | | | |
| | | | |
| | | | |
| | | | |
| Date: | Date: | Date: | |