

Agency:	
Client:	

Year home 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 form		
Brief Guide to Mold Notification		
Renovate Right Notification		
A Citizen Guide to Radon Notification		
Smoke & CO Notification:		

	Present	Complete	NOTES
ASHRAE calculation - Pre			
ASHRAE calculation - Post			
Daily Safety Test Out for each day of work			
All workers verified and allowed to be in clients' homes			
Certificate of Insulation accurate & complete			
XRF Results Summary			
Renovation Recordkeeping Checklist			
Gas Appliance Inspection Form			
Manual J			
Gas Cook Stove Inspection Form			
NEAT/MHEA Cover Sheet			
Work Order form(s)			
Electri Heat Inspection Form			
New Furnace Installation Inspection 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		
Were all applicable Lead Policies followed?	QCI Y / N / NA	NOTES
Do any other required forms list unaddressed health & safety issues?	Y / N	

NOTES:

PRESSURE DIAGNOSTICS								
Target blower door		Was BD target met?	Y / N	If no, why?				
	DATE:							
	Audit	Interim/ Shell	Shell	Shell	QCI 1	QCI 2	QCI 3	
Blower door: de-pressurized (D) or pressurized (P)?	D / P	D / P	D / P	D / P	D / P	D / P	D / P	
Blower door CFM50								
Main body PD								
Other PDs with test location								
Attached garage PD								
CFM leakage to attached garage								

NOTES:

DUCT PRESSURE PAN READINGS

[illegible]

NOTES:

THERMAL AND PRESSURE BOUNDARY

All R-Values are the Effective Values per BPI Standards

[illegible]

Walls	R- Value Audit	Walls Accessed	Infrared Used	R- Value Shell	Walls Accessed	Infrared Used	R- Value QCI	Walls Accessed	Infrared Used
					Y / N	Y / N		Y / N	Y / N
					Y / N	Y / N		Y / N	Y / N
					Y / N	Y / N		Y / N	Y / N
					Y / N	Y / N		Y / N	Y / N

NOTES:

THERMAL AND PRESSURE BOUNDARY - CONTINUED

	R- Value Audit	R- Value shell	QCI 1	QCI 2	Clearance to combustibles	Major bypasses sealed	Notes
Below the floor							
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 home belly					Y / N	Y / N	

	Audit	Shell	QCI 1	QCI 2	QCI 3
Vapor barrier installed per SWS	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 foam is posted on site Location:	Y / N	Y / N	Y / N	Y / N	Y / N

NOTES

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		
All bids and estimates have been verified against invoices. Note any deviations.		

QCI Printed Name	Signature	Date	Pass / Fail
			Pass / Fail
			Pass / Fail
			Pass / Fail

REWORK REQUIRED

[illegible]



Weatherization Assistance Program (Wx)

Client Sign-Off on the Work Completed

I understand that the Indiana Weatherization Assistance Program (WAP) measures that were performed are my personal property. I acknowledge that the weatherization services have been completed and understand the following:

Warranties

- The Household is responsible for maintaining and repairing installed measures to keep the building systems in working condition.
- The Service Provider informed the Household of relevant warranty and maintenance agreement options from the manufacturer.
- The Service Provider provided contact information in the event that a warranty issue arises.
- The Household has been informed of the proper care and maintenance of the installed measures.
- The Household is aware of the one-year warranty period on the services performed:
 - o Any defects caused by improperly performed Weatherization measures found within the warranty period shall be remedied without charge and within the warranty period.
 - o Any defects found outside the warranty period are the sole responsibility of the client. Warranties do not extend to measures that a client has altered after the final Quality Control Inspection.
 - o This warranty should not be considered to cover equipment failure caused by failure to perform normal maintenance, abuse or external causes beyond the control of the sub-grantee or their contractors.

Signature:	Date: