

Virginia WAP QCI Final Inspection Checklist



VIRGINIA DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
Partners for Better Communities

Agency:		Client Name:		
QCI:		Job#	Date:	
Address:				
Auditor/Estimator:			Crew Leader:	
Subcontractors:				
Site-Built <input type="checkbox"/>	Mobile <input type="checkbox"/>	Manufactured <input type="checkbox"/>	Multi-Family <input type="checkbox"/>	Shelter <input type="checkbox"/>

Notes:

Blower Door Diagnostics

Pre: _____ @cfm50	Post: _____ @cfm50	QCI final: _____ @cfm50				
Attic zonal: ____ Pa	Crawl zonal: ____ Pa	Wall zonals (if DP):	Front: <input type="checkbox"/> n/a <input type="checkbox"/>	Right: <input type="checkbox"/> n/a <input type="checkbox"/>	Left: <input type="checkbox"/> n/a <input type="checkbox"/>	Back: <input type="checkbox"/> n/a <input type="checkbox"/>

Notes:

Ventilation - SWS 6.60 - 6.99

Dryer Vented? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		Quality dryer vent install? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A			
Rigid/Semi-Rigid ducting used? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		Ducting insulated? (R-8) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A			
Bath 1	Bath 2 <input type="checkbox"/> n/a	Bath 3 <input type="checkbox"/> n/a	Kitchen:		
vented? <input type="checkbox"/> Y <input type="checkbox"/> N	vented? <input type="checkbox"/> Y <input type="checkbox"/> N	vented? <input type="checkbox"/> Y <input type="checkbox"/> N	vented? <input type="checkbox"/> Y <input type="checkbox"/> N	gas? <input type="checkbox"/> Y <input type="checkbox"/> N	
cfm:	cfm:	cfm:	cfm:		
window? <input type="checkbox"/> Y <input type="checkbox"/> N	window? <input type="checkbox"/> Y <input type="checkbox"/> N	window? <input type="checkbox"/> Y <input type="checkbox"/> N	window? <input type="checkbox"/> Y <input type="checkbox"/> N		

Notes:

ASHRAE Compliance - SWS 6.9901.1

Target calculation present? <input type="checkbox"/> Y <input type="checkbox"/> N	Post-calculation present? <input type="checkbox"/> Y <input type="checkbox"/> N	correct? <input type="checkbox"/> Y <input type="checkbox"/> N
Adjustment made at Final Inspection? <input type="checkbox"/> Y <input type="checkbox"/> N	Continuous? <input type="checkbox"/> Y <input type="checkbox"/> N	timer? <input type="checkbox"/> Y <input type="checkbox"/> N
	de minimus (<15 cfm)? <input type="checkbox"/> Y <input type="checkbox"/> N	

Notes:

Heating/Cooling - SWS 5.30 - 5.33									
Replacement? →	<input type="checkbox"/> Y <input type="checkbox"/> N	Documentation?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Pictures?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				
Repair? →	<input type="checkbox"/> Y <input type="checkbox"/> N	Documentation?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Pictures?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				
Filters left with client?			<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Instructions for replacement?			<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Clean and Tune?	<input type="checkbox"/> Y <input type="checkbox"/> N	Proper venting?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Liner?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				
Notes:									
Ducts - SWS 3.16 & 4.1601									
Duct air-sealing present?			<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Duct insulation present?			<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Duct R-value ≥ R-8?			<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Boots/metal fittings insulated?			<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Duct insulation grade:			Pass				Fail		<input type="checkbox"/> N/A
			<input type="checkbox"/> Grade I		<input type="checkbox"/> Grade II		<input type="checkbox"/> Grade III		
			High Quality		Needs Improvement		Poor Quality		
Duct Pressure (Pa)									
Notes:									
Combustion Safety - SWS 2.02									
Appliance 1 N/A <input type="checkbox"/>					Appliance 2 N/A <input type="checkbox"/>				
Type:					Type:				
<input type="checkbox"/> NG	<input type="checkbox"/> LP	<input type="checkbox"/> Oil	<input type="checkbox"/> Wood	<input type="checkbox"/> Other	<input type="checkbox"/> NG	<input type="checkbox"/> LP	<input type="checkbox"/> Oil	<input type="checkbox"/> Wood	<input type="checkbox"/> Other
Pre CAZ test complete? <input type="checkbox"/> Y <input type="checkbox"/> N					Pre CAZ test complete? <input type="checkbox"/> Y <input type="checkbox"/> N				
Post CAZ test complete? <input type="checkbox"/> Y <input type="checkbox"/> N					Post CAZ test complete? <input type="checkbox"/> Y <input type="checkbox"/> N				
Worst Case ___ Pa		Spillage <input type="checkbox"/> Pass <input type="checkbox"/> Fail			Worst Case ___ Pa		Spillage <input type="checkbox"/> Pass <input type="checkbox"/> Fail		
Worst Case Draft ___ Pa		<input type="checkbox"/> Pass <input type="checkbox"/> Fail			Worst Case Draft ___ Pa		<input type="checkbox"/> Pass <input type="checkbox"/> Fail		
Worst Case CO ___ ppm		Amb. CO ___ ppm			Worst Case CO ___ ppm		Amb. CO ___ ppm		
Appliance 3 N/A <input type="checkbox"/>					Gas Range N/A <input type="checkbox"/>				
Type:					Distribution lines checked for leaks? <input type="checkbox"/> Y <input type="checkbox"/> N				
<input type="checkbox"/> NG	<input type="checkbox"/> LP	<input type="checkbox"/> Oil	<input type="checkbox"/> Wood	<input type="checkbox"/> Other	<i>Undiluted</i> Oven CO reading _____ PPM				
Pre CAZ test complete? <input type="checkbox"/> Y <input type="checkbox"/> N					CO _____		←Rear→	CO _____	
Post CAZ test complete? <input type="checkbox"/> Y <input type="checkbox"/> N					CO _____		←Front→	CO _____	
Worst Case ___ Pa		Spillage <input type="checkbox"/> Pass <input type="checkbox"/> Fail			Service required? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				
Worst Case Draft ___ Pa		<input type="checkbox"/> Pass <input type="checkbox"/> Fail							
Worst Case CO ___ ppm		Amb. CO ___ ppm							
Notes:									

Health & Safety - SWS 2.03-2.07			
Smoke alarm(s) present?	<input type="checkbox"/> Y <input type="checkbox"/> N	CO alarm(s) present?	<input type="checkbox"/> Y <input type="checkbox"/> N
Lead-based paint present?	<input type="checkbox"/> Y <input type="checkbox"/> N	Lead test in file?	<input type="checkbox"/> Y <input type="checkbox"/> N
Asbestos Containing Material (ACM) or Vermiculite addressed?			<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Knob & Tube present?	<input type="checkbox"/> Y <input type="checkbox"/> N	Knob & Tube addressed? (2.0601.1)	<input type="checkbox"/> Y <input type="checkbox"/> N
Unvented Space Heater present?	<input type="checkbox"/> Y <input type="checkbox"/> N	Client CO acknowledgment?	<input type="checkbox"/> Y <input type="checkbox"/> N
Notes:			
Base Load Measures - SWS 7.80-7.88			
Lighting retrofit complete?	<input type="checkbox"/> Y <input type="checkbox"/> N	DHW tank insulated? (R-24)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
DHW tank replaced?	<input type="checkbox"/> Y <input type="checkbox"/> N	Documentation present in file?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Water lines insulated 6'	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	DHW temperature _____ F°	adjusted? <input type="checkbox"/> Y <input type="checkbox"/> N
Low-flow showerheads?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Aerators installed?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Notes:			
Attic - SWS 3.10 / 4.10			
Attic Insulated?	<input type="checkbox"/> Y <input type="checkbox"/> N	Attic air-sealed?	<input type="checkbox"/> Y <input type="checkbox"/> N
Rulers present?	<input type="checkbox"/> Y <input type="checkbox"/> N	Flags?	<input type="checkbox"/> Y <input type="checkbox"/> N
Insulation bag count/date present?	<input type="checkbox"/> Y <input type="checkbox"/> N	Flue dam present?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Exhaust venting?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Knee walls addressed?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
		Attic ventilation adequate?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Attic Insulation grade:	Pass		Fail
	<input type="checkbox"/> Grade I	<input type="checkbox"/> Grade II	<input type="checkbox"/> Grade III
	High Quality	Needs Improvement	Poor Quality
Mobile home roof blow?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Roof patching present?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Notes:			
Walls - SWS 3.11 / 4.11			
Bag count info available?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Material:	<input type="checkbox"/> Fiberglass
Ballon-framed?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		<input type="checkbox"/> Cellulose
Wall Insulation grade:	Pass		Fail
	<input type="checkbox"/> Grade I	<input type="checkbox"/> Grade II	<input type="checkbox"/> Grade III
	High Quality	Needs Improvement	Poor Quality
Notes:			

Subspace - SWS 3.14 / 4.14			
Crawlspace present?	<input type="checkbox"/> Y <input type="checkbox"/> N	Ground Vapor Barrier Install?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Ground Vapor Barrier grade:	Pass		Fail
	<input type="checkbox"/> Grade I	<input type="checkbox"/> Grade II	<input type="checkbox"/> Grade III
	High Quality	Needs Improvement	Poor Quality
Piers wrapped/Seams sealed?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Subfloor air-sealed?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Crawl Insulation grade:	Pass		Fail
	<input type="checkbox"/> Grade I	<input type="checkbox"/> Grade II	<input type="checkbox"/> Grade III
	High Quality	Needs Improvement	Poor Quality
Floor insulated?	<input type="checkbox"/> Y <input type="checkbox"/> N	Wall insulated?	<input type="checkbox"/> Y <input type="checkbox"/> N
Band joist insulated?			
<input type="checkbox"/> Y <input type="checkbox"/> N			
Notes:			
Doors & Windows - SWS 3.12			
↓ Door(s) <i>replaced</i> ?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	↓ Door(s) <i>repaired</i> ?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Side		<input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> Side	
Documentation present?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Documentation present?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Pictures?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Pictures?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
↓ Window(s) <i>replaced</i> ?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	↓ Window(s) <i>repaired</i> ?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Documentation present?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Documentation present?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Pictures?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Pictures?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Please provide detail in notes section regarding window location(s) repaired or replaced			
Notes:			
Measure List and Invoice			
All measures installed?	<input type="checkbox"/> Y <input type="checkbox"/> N	Invoice checked against materials used?	<input type="checkbox"/> Y <input type="checkbox"/> N
Measures checked against <i>Standard Work Specifications</i> ?			<input type="checkbox"/> Y <input type="checkbox"/> N
Proper documentation provided for discrepancies ?		<input type="checkbox"/> Y <input type="checkbox"/> N	Follow-up needed? <input type="checkbox"/> Y <input type="checkbox"/> N
Notes:			

Software & Files			
NEAT <input type="checkbox"/>	MHEA <input type="checkbox"/>	HEAT <input type="checkbox"/>	Priority List <input type="checkbox"/>
Audit located in client file? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		All (ECM) measures >1 SIR <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Work order reviewed? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		Invoice(s) reviewed? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
All diagnostic tests reviewed? <input type="checkbox"/> Y <input type="checkbox"/> N		Signed Client Response? <input type="checkbox"/> Y <input type="checkbox"/> N	
Notes:			
Client Interaction			
All Wx materials removed from jobsite? <input type="checkbox"/> Y <input type="checkbox"/> N		Dirt and debris cleaned before leaving? <input type="checkbox"/> Y <input type="checkbox"/> N	
Client Education provided? <input type="checkbox"/> Y <input type="checkbox"/> N		All release forms signed? <input type="checkbox"/> Y <input type="checkbox"/> N	
Close-out interview conducted by QCI? <input type="checkbox"/> Y <input type="checkbox"/> N		Any client complaints or issues? <input type="checkbox"/> Y <input type="checkbox"/> N	
Client complaints addressed? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		Follow-up needed with client? <input type="checkbox"/> Y <input type="checkbox"/> 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:

7.) Measure:

Issue:

Solution:

Additional Notes:

Sign off

_____ Date: _____

BPI # _____ Exp.Date: _____

Quality Control Inspector

Credentials