

WEATHERIZATION QUALITY ASSURANCE
 NORTH DAKOTA DIVISION OF COMMUNITY SERVICES
 SFN 59679 (G11)

Agency		Coordinator	
Fund Code	Job/Identifier Number	Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Completion
Name		Address	
City		State	ZIP Code
Estimator	Agency Inspector	Crew Foreman	

Housing Type <input type="checkbox"/> Site Built <input type="checkbox"/> Mobile Home <input type="checkbox"/> Shelter <input type="checkbox"/> Multi Family (5 or More)
Primary Fuel Type <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other _____
Combustion Appliances Present <input type="checkbox"/> Secondary Heat <input type="checkbox"/> Cook Stove <input type="checkbox"/> DHW <input type="checkbox"/> Fireplace <input type="checkbox"/> Other _____

File Review

Eligibility Determination Present	<input type="checkbox"/> Yes <input type="checkbox"/> No
Proof of Ownership or Signed Rental Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unit Assessed Using	<input type="checkbox"/> Energy Audit
Work Agreement/Notice to Proceed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Invoices/Purchase Orders For All Materials Installed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lead-Paint Notification Documentation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A post-1978 or verified as "lead free"
Certified Renovator and Test Kit Documentation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A post-1978 or verified as "lead free"
Lead Safe Weatherization Documentation (including pictures)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A post-1978 or verified as "lead free"
Mold/Moisture and Hazard Assessment and Notification	<input type="checkbox"/> Yes <input type="checkbox"/> No
State Historic Preservation Documentation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Combustion Appliance Testing	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Notes _____
Heating System/DHW Bid Sheets, Heat Loss Calculations, Vendor's Bids, and any other Documentation necessary for Repairs and Replacements	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Blower Door Results (@CFM 50)?	Pre No. _____ Post No. _____ MVR. _____
Zonal Pressure Testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Notes _____
Room to Room Pressure Testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Notes _____
Pressure Pan Testing?	Pre _____ Post _____ <input type="checkbox"/> N/A
Duct Leakage Testing (duct blaster)?	Pre _____ Post _____ <input type="checkbox"/> N/A
Worst Case Draft Test?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Notes _____
Reworks were required on Unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No What _____
Follow-up Documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No
On-Site Work Assessment Form Signed and Dated by Final Inspector and Client Satisfaction Section Signed and Dated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inspected by?	<input type="checkbox"/> Crew Foreman <input type="checkbox"/> Auditor <input type="checkbox"/> Coordinator <input type="checkbox"/> Other
ND Monitoring Sheet Filled Out	<input type="checkbox"/> Yes, documentation is complete and in order <input type="checkbox"/> No
ASHRAE required? <input type="checkbox"/> Yes <input type="checkbox"/> No Ventilation added? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Correct AFUE used in energy audit?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Comments on File Review	
File Review Performed By	Date

ON-SITE WORK ASSESSMENT – Work done by WAP
 N/A, Unit Became Unavailable For Onsite Review

ATTIC - N/A

Attic Air Sealing Performed	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A
Attic Insulation Installed	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A
Insulation Certificate Posted	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A
Heat Source/Vent Damming	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A
Attic Access Insulated and Mechanically Fastened	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A
Energy Related Attic Repairs Documented	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A

Comments on Attic

SIDEWALLS/KNEEWALLS - N/A

Sidewall Insulation	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A
Plugs, Patching, & Painting Appropriate	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A
Energy Related Sidewall/Kneewalls Repairs Documented	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A

Comments on Sidewall/Kneewalls

SUBSPACE - N/A

Foundation/Perimeter Insulation	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A
Under-floor Insulation	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A
Basement Sidewall Insulation	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A
Rim Joist Insulation	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A
Energy Related Subspace Repairs Documented	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A

Comments on Subspace

HEATING SYSTEM/DHW - <input type="checkbox"/> N/A	
Heating System Replacement	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A
Heating System Repair/Tune-Up/Filter	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A
Distribution System Modifications and Documentation	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A
Added Supply	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A
Added Return	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A
Belly-Return Conversion	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A
Water Heater Replacement	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A
Water Heater Repair	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A
Justification for Work Done	<input type="checkbox"/> SIR <input type="checkbox"/> Health and Safety
Comments on Heating System/DHW	

WINDOWS/DOORS - <input type="checkbox"/> N/A	
Window Replacement Performed	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A
Storm Windows Installed	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A
Door Replacement Performed	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A
Energy Related Window/Door Repairs Documented	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A
Exterior Wood Primed	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A
Comments on Windows/Doors	

ELECTRIC BASELOAD - <input type="checkbox"/> N/A	
Lighting (CFLs Installed)	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A
Refrigerator Replacement	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A
Other _____	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A
Comments on Electric Baseload	

GENERAL HEAT WASTE - <input type="checkbox"/> N/A	
Duct Sealing (Cleaned, Stapled, Mastic Used)	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A
Building Envelope Air Sealing	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A
Window/Door Weather-stripping and Repair	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A
Water Heater Tank Wrap	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A
Pipe Insulation	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A
Furnace Filters	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A
Set-Back Thermostats	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A
Low Flow Fixtures (faucet aerator, showerheads)	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A
Other _____	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A
Comments on General Heat Waste	

HEALTH AND SAFETY - <input type="checkbox"/> N/A	
All Installed Measures Documented	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A
Smoke/CO Detectors	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A
Dryer Vent	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A
Ventilation	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A
Heating/DHW Work (see section above)	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A
Moisture	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A
Other _____	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> N/A
Comments on Health and Safety	
Does this unit need additional attention from the agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Health and Safety <input type="checkbox"/> Billed for, Not Present <input type="checkbox"/> Quality of Work <input type="checkbox"/> Missed Measures (Add comments on additional pages if necessary)	

Crew Foreman	Date
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Final Inspector <i>(if not Crew Foreman)</i>	Date
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Client Sign Off
I am satisfied with all of the work the weatherization agency has performed on my home.

Client Signature	Date
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Changes in Work Order or Warning of Dangerous Conditions

Worked Refused

Additional Work

Other

Work Cannot be Completed

Advised of a Pre-Existing Condition

Advised Client of Dangerous Situation

Blower Door Test Cannot be Completed

Homeowner's Signature

Foreman's Signature