

Quality Control/Final Inspection Report Form

Revised
5/1/2015

Agency: _____

Date home was built: _____

Client name: _____

Single Family _____

Manufactured _____

Address: _____

Multi-Family _____

Job Number: _____

Energy Auditor: _____

Date: _____

QCI Inspector: _____

Date: _____

Field Monitor: _____

Date: _____

Client Interview

| | Interim | | Final | | Monitor | | Detail |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------|
| | Y | N | Y | N | Y | N | |
| Adequate client education performed: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 2.8 |
| Client expressed satisfaction with the work & workers: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 2.5.2 |
| Client understands maintenance/warranty procedures: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 2.8 |

Client response :

Documentation Review

| | Interim | | Final | | Monitor | | Detail |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
| | Y | N | Y | N | Y | N | |
| All required documentation properly completed: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 2.1.2 |
| All signatures present: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 2.5.2 |
| Material-labor accounting accurate: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 2.4.1 |
| Documentation supports proper work flow: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 2.4.1 |
| Documentation of all worker credentials: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | glossary |

Comments:

Visual/ Sensory Inspection

| | Interim | | Final | | Monitor | | Detail |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------|
| | Y | N | Y | N | Y | N | |
| All debris and trash removed from the jobsite: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 1.8.1 |
| No indication of lead dust. LSW pictures in client file: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 1.6.3 |

Health and Safety/Incidental Repairs

| | Interim | | Final | | Monitor | | Detail |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
| | Y | N | Y | N | Y | N | |
| Is the unit ASHRAE 62.2 compliant: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 9.2 |
| Measured CFM: | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | 13.7 |
| Are all completed incidental repairs appropriate: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | glossary |
| Have all health and safety issues been addressed: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 2.3.1 |

Comments:

Pressure Diagnostics

| | Audit | Final | Monitor | Detail |
|--|----------------------|----------------------|----------------------|--------|
| Blower Door CFM50 | <input type="text"/> | <input type="text"/> | <input type="text"/> | 12.2.3 |
| Pressure difference to attic 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | 12.3.3 |
| Pressure difference to attic 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | 12.3.3 |
| Pressure difference to crawl or basement | <input type="text"/> | <input type="text"/> | <input type="text"/> | 12.3.3 |
| Pressure difference to attached garage | <input type="text"/> | <input type="text"/> | <input type="text"/> | 12.3.3 |
| Pressure difference to attached porch attic area | <input type="text"/> | <input type="text"/> | <input type="text"/> | 12.3.3 |
| Other (describe): | <input type="text"/> | <input type="text"/> | <input type="text"/> | 12.3.3 |

Comments:

Pressure Pan Readings

| | Audit | Final | Monitor | Detail |
|-------------|----------------------|----------------------|----------------------|--------|
| Living room | <input type="text"/> | <input type="text"/> | <input type="text"/> | 8.14.1 |
| Living room | <input type="text"/> | <input type="text"/> | <input type="text"/> | 8.14.1 |

| | | | | |
|-------------|----------------------|----------------------|----------------------|--------|
| Dining room | <input type="text"/> | <input type="text"/> | <input type="text"/> | 8.14.1 |
| Kitchen | <input type="text"/> | <input type="text"/> | <input type="text"/> | 8.14.1 |
| Bedroom 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | 8.14.1 |
| Bedroom 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | 8.14.1 |
| Bedroom 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> | 8.14.1 |
| Bedroom 4 | <input type="text"/> | <input type="text"/> | <input type="text"/> | 8.14.1 |
| Bath 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | 8.14.1 |
| Bath 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | 8.14.1 |
| Other | <input type="text"/> | <input type="text"/> | <input type="text"/> | 8.14.1 |
| Return 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | 8.14.1 |
| Return 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | 8.14.1 |
| Return 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> | 8.14.1 |
| Return 4 | <input type="text"/> | <input type="text"/> | <input type="text"/> | 8.14.1 |

Bedroom Pressure Balancing

| | Audit | Final | Monitor | Detail |
|-----------|----------------------|----------------------|----------------------|--------|
| Bedroom 1 | <input type="text"/> | <input type="text"/> | <input type="text"/> | 8.13.3 |
| Bedroom 2 | <input type="text"/> | <input type="text"/> | <input type="text"/> | 8.13.3 |
| Bedroom 3 | <input type="text"/> | <input type="text"/> | <input type="text"/> | 8.13.3 |
| Bedroom 4 | <input type="text"/> | <input type="text"/> | <input type="text"/> | 8.13.3 |
| Bathroom | <input type="text"/> | <input type="text"/> | <input type="text"/> | 8.13.3 |

Main Body PD

| | Audit | Final | Monitor | Field Guide |
|-----------|----------------------|----------------------|----------------------|-------------|
| Main Body | <input type="text"/> | <input type="text"/> | <input type="text"/> | 8.13.3 |

Comments:

Thermal Boundary-Attic

| | Audit | | Final | | Monitor | | Detail |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------|
| | Y | N | Y | N | Y | N | |
| Is the attic properly insulated: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 4.2/11.2.1 |
| Attic R-value | <input type="text"/> | | <input type="text"/> | | <input type="text"/> | | 4.2/11.2.1 |
| Has all air sealing and attic prep been completed: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 4.1 |
| Clearance to combustibles requirements have been met: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 4.1.1 |

| | | | | |
|--|---|---|---|-------|
| Are ducts in the attic insulated to the minimum of R8: | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | 8.16 |
| The Certificate of Insulation includes accurate bag count: | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | 2.5.2 |
| Has attic access been properly air sealed & insulated: | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | 4.2.1 |

Comments:

Thermal Boundary-Above Grade Walls

| | Audit | | Final | | Monitor | | Detail |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------|
| | Y | N | Y | N | Y | N | |
| Are the sidewall insulated: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.3.1/11.2.2 |
| If NO, were the sidewalls dense packed: | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.3.1/11.2.2 |
| Were wall cavities accessed to verify insulation: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10.3 |
| Was infrared camera used to verify insulation: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.5.2 |
| Is the siding free of workmanship issues: | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.3.2 |
| The certificate of insulation includes accurate bag count: | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2.5.2 |
| Inspector verified complete coverage: | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5.3.2 |

Comments:

Thermal Boundary-Basement/Crawlspace

| | Audit | | Final | | Monitor | | Detail |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------|
| | Y | N | Y | N | Y | N | |
| Does crawl space have vapor barrier properly installed: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1.5.3 |
| Is the rim joist insulated: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.3.1 |
| Is foundation wall insulated: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.3.4 |
| Is crawlspace ceiling insulated: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.3.2 |
| Has proper air sealing been completed: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6.3.1 |

Comments:

Base Load Measures

| | Audit | | Final | | Monitor | | Detail |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|
| | Y | N | Y | N | Y | N | |
| Is lighting retrofit adequate & strategic: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 10.3 |
| Water heater system retrofit was appropriate: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 10.6.1/2/3/ 4 |

Final Inspection/Client/Monitoring Response

| | Pass | Fail | | |
|------------------|-----------------------|-----------------------|-------------------------|-------------|
| Inspection 1 | <input type="radio"/> | <input type="radio"/> | Inspected by QCI: _____ | Date: _____ |
| Inspection 2 | <input type="radio"/> | <input type="radio"/> | Inspected by QCI: _____ | Date: _____ |
| IHCDA Inspection | <input type="radio"/> | <input type="radio"/> | Inspected by QCI: _____ | Date: _____ |

Client verifies satisfaction with the work performed Y N

Client signature: _____ Date: _____

Rework Punch List Items

| | | | | | |
|---|-------|---|--|---|-------|
| 1 | _____ | Y | | N | |
| 2 | _____ | Y | | N | _____ |
| 3 | _____ | Y | | N | _____ |
| 4 | _____ | Y | | N | _____ |
| 5 | _____ | Y | | N | _____ |
| 6 | _____ | Y | | N | _____ |

Notes:

