

**QUALITY CONTROL INSPECTION CHECKLIST
MULTI-FAMILY PROJECTS**

WAP SUBGRANTEE: _____

Client/Job Information

Bldg #: _____ QC Inspection # _____ Start Date of QC Inspection: _____

Project Address			Multi Family Building Type	
Number & Street:			<input type="checkbox"/> Low Rise (1 – 3 Stories)	
City:	ZIP:	<input type="checkbox"/> High Rise (4+ Stories)		
Pre-1978 Building:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Group Home/Shelter (5+ Units)	
Building on Historical Register:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number of units: _____	
Primary Fuel Type				
<input type="checkbox"/> Oil	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Electric	<input type="checkbox"/> Propane	<input type="checkbox"/> Other
Enter Primary Fuel Type for 'Other': _____				
Client Name: _____				
<input type="checkbox"/> Owner <input type="checkbox"/> Owner's Authorized Representative				
Quality Control Inspection				
Auditor who modeled building / developed work scope: _____				
<input type="checkbox"/> WAP Subgrantee Employee		<input type="checkbox"/> Subcontractor		
QC Inspector Name: _____				
<input type="checkbox"/> WAP Subgrantee Employee		<input type="checkbox"/> Subcontractor		<input type="checkbox"/> HCR Field Representative
BPI ID # for QCI (if applicable): _____			Expiration Date: _____	
Preliminary Notes:				

Project File Review

{YES = Present/Complete/Correct; NO = Not Present or Incomplete/Incorrect; N/A = Not Applicable}

Required Documents: ADMINISTRATIVE	YES	NO	N/A
Client Application(s) (Form#4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proof(s) of Ownership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eligibility Documentation (includes Form#51 if used)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client Communications / Notifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signed Preliminary Agreement (Form#6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Owner Agreement w/ Work Scope (Form#8C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proof Tenant Synopsis (-es) Provided (Form#9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signed Household Questionnaire(s) (Form#11 – includes Lead Hazard Notification when applicable to project)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Only eligible SIR measures reflected in WAP Work Scope?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Model cost inputs within reason of actual cost totals? (See BWS Form #19)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Scope consistent with proposed measures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audit and work scope measures consistent with DOE protocols?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
Required Documents: JOB SITE / CREW LEADER / PROJECT MANAGER	YES	NO	N/A
Materials Installed List(s) – if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In-unit CAZ Test Results Documentation (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Describe) / Any Job Site File Notes:			
Comments:			
Quality Control Inspector – FILE EVALUATION*	YES	NO	
All Files Meet NYS WAP Standards	<input type="checkbox"/>	<input type="checkbox"/>	
FILE REVIEW FINDINGS / COMMENTS:			

*If **NO**, Subgrantee must see Findings / Comments, address issue(s), file this QC inspection form and provide new QC Inspection Form, numbered accordingly, for next QC inspection attempt. Files that fail to contain the necessary information for a NYS WAP project, or contain substantially inaccurate information, and can't be remedied immediately, should never result in a 'YES' / certified response as part of the quality evaluation.

WORK QUALITY / ON-SITE WORK ASSESSMENT (verify against work scope for project)

{YES= Affirmative and/or Correct; NO= Negative and/or Incorrect; N/A= Not Applicable to Work Scope}

Directions: In this section, if the measure was a component of the work scope, answer the questions that follow in the section as described above; if not, check the box next to the heading, skip that measure's section and move to the next section.**Air Sealing** Not a component of the Work Scope

Questions:	YES	NO	N/A
Was all air sealing on work scope completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was air sealing included in work scope SIR eligible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were typical attic by-passes (e.g., plumbing, HVAC, and electrical penetrations in attic floor) sealed per program requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were other typical by-passes (e.g., plumbing, HVAC, and electrical penetrations in floor over basement / crawl space) sealed per program requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were holes in sidewalls sealed per program requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is mechanical ventilation present / operational to address indoor air quality?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

Heating System Not a component of the Work Scope

Questions:	YES	NO	N/A
Was heating appliance and / or distribution system evaluated per program requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the efficiency of the furnace / boiler able to be tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> If YES, was the tested efficiency accurately recorded and input into the energy audit software? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a heating system clean-and-tune performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If replacement system, does installed model or AFUE agree with proposed model or AFUE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

Heating Ducts/Distribution Not a component of the Work Scope

Questions:	YES	NO	N/A
Were any distribution problems identified and resolved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were ducts tested for leakage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were ducts or heating pipes in unconditioned space insulated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were ducts in unconditioned space sealed per program requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

Domestic Hot Water Not a component of the Work Scope

Questions:	YES	NO	N/A
If called for in the work scope, was the water heater, pipes, pressure relief valve / tube or fittings repaired or replaced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If applicable, was the water heater tank replaced per program requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were water heater pipes insulated per program guidance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does pressure relief valve discharge tube terminate within six inches of floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were low-flow showerheads installed per program guidance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were faucet aerators installed per program guidance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

Attic Insulation Not a component of the Work Scope

Questions:	YES	NO	N/A
If part of work scope, was <i>entire</i> attic area insulated? (If no, add comment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does post-weatherization insulation thickness conform to the amount of insulation called for in work order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If applicable, was adequate clearance maintained between insulation and appliance flues or chimneys?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If applicable, were insulation baffles properly installed per program guidance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was attic insulated per program requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

Wall Insulation Not a component of the Work Scope

Questions:	YES	NO	N/A
Was the interior wall integrity maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were holes plugged and siding removed replaced with good workmanship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did inspector verify the amount of insulation added?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did inspector use <input type="checkbox"/> thermal imaging or were sidewalls <input type="checkbox"/> accessed / probed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was a dense-pack uniformly achieved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was Wall Insulation installed per work order and program requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

Floor / Band / Foundation Insulation Not a component of the Work Scope

Questions:	YES	NO	N/A
Were floors, band board, rim joist and / or foundation walls insulated per work order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If performed, were floors, band board, rim joist and / or foundation walls insulated with high-quality materials and workmanship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an existing ground vapor barrier in the crawl space?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> If NO, should one have been added? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

Windows and Doors Not a component of the Work Scope

Questions:	YES	NO	N/A
If windows and / or doors were modeled, did DOE-approved energy audit show them to be cost effective?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If windows were installed, was measure justified as:			
<input type="checkbox"/> Conduction measure <input type="checkbox"/> Infiltration measure <input type="checkbox"/> Repair			
If doors were installed, was measure justified as:			
<input type="checkbox"/> Conduction measure <input type="checkbox"/> Infiltration measure <input type="checkbox"/> Repair			
Were windows and / or doors installed per program requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

Electric Base-Load Measures Not a component of the Work Scope

Questions:	YES	NO	N/A
Were appropriate incandescent light bulbs and / or fixtures replaced with CFLs / LEDs per program replacement protocols?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was the primary refrigerator replaced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> If YES, were NYS WAP PPM refrigerator auditing procedures followed and does replacement refrigerator type meet standards? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> If YES, was old refrigerator removed from premises? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

Final Questions / Energy Conservation Measures, Necessary Incidental Repairs and Health & Safety:	YES	NO	N/A
Were incidental repairs necessary for the effective performance or preservation of weatherization materials or to remediate energy related Health & Safety (H & S) conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> If YES, were repairs done to program requirements? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were energy related H & S Conditions addressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do general H & S Conditions unrelated to WAP measures undertaken still exist?	<input type="checkbox"/>	<input type="checkbox"/>	
<ul style="list-style-type: none"> If YES, they could be: <input type="checkbox"/> Asbestos-like material <input type="checkbox"/> Lead Based Paint <input type="checkbox"/> Mold <input type="checkbox"/> Moisture <input type="checkbox"/> Electrical <input type="checkbox"/> Other _____			
H & S Notification(s) (Form#15) and/or "Lead-Safe Certified Guide to Renovate Right" related to the above was issued?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under existing H & S conditions, was proceeding with WAP work appropriate per Program standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All energy conservation measures inspected were consistent with model & work scope and installed / performed per program requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Higher priority SIR energy measures were installed, with no measures skipped, relative to modeling and budgetary constraints?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

On Site Work Quality Evaluation

Project On Site Quality Rating:	Meets NYS WAP Requirements <input type="checkbox"/>	Unacceptable <input type="checkbox"/>
An On Site 'Unacceptable' rating should never result in a certified Multi-family project.		

QCI CERTIFIED MULTI-FAMILY PROJECT? **YES** **NO**

If Project is not certified then below the QCI must supply reason for failure, description of issues, along with any Subgrantee Guidance for correcting issues (add additional pages whenever necessary); If Project is certified but QCI noted areas for improvement, space below can be used for recording advice (additional pages may be added whenever necessary) :

I have reviewed the project file and have inspected the job site according to New York State Weatherization Assistance Program requirements, policies and procedures.

QC Inspector Name (Print): _____

Company Name (if Subcontractor): _____

Signature: _____

Date: _____

If project is 'CERTIFIED', a signed copy of this document must be placed in the Project File.

If project is 'NOT CERTIFIED', Subgrantee must also save this signed form to Project File; WAP subgrantee must provide new version of this form to their QCI, numbered accordingly, to perform the follow-up QC inspection following the correction of all issues.

HCR's QCI will supply Subgrantee with signed copies of QC inspection form (w/ testing results and notes where applicable) and retain copy for HCR's program file.

DIAGNOSTIC TESTING ATTACHED

ADDITIONAL NOTES ATTACHED

