

**NYS HOMES AND COMMUNITY RENEWAL
WEATHERIZATION ASSISTANCE PROGRAM
QUALITY CONTROL INSPECTION FORM**

WAP Agency: _____

Building #: _____ Number of Units: 1 2 3 4

Agency QCI Inspection # _____ Start Date of Inspection _____

QC Inspector: _____

Agency Employee Subcontractor HCR Field Representative

*BPI ID # for QCI: _____ Expiration Date: _____

(*Agency: Photocopy both sides of BPI ID card and file at Agency)

Client Name: _____

Owner Renter (if single unit project)

Project Address/City/Zip Code: _____

Pre-1978 Home: Yes No

Housing Type: Single Family Manufactured / Mobile Home Group Home / Shelter

Primary Fuel Type: Natural Gas Propane Electric Oil Other: _____

PROJECT FILE REVIEW

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

ADMINISTRATIVE

	YES	NO	N/A
1. Client Application(s) (Form#4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Proof(s) of Ownership / Eligibility Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. All Client Communications / Notifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Signed Preliminary Agreement (Form#6; if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Proof Tenant Synopsis (-es) Provided (Form#9; if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Utility Bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Owner Agreement(s) w/ Work Scope (Form#8A or #8B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. State Historic Preservation Documentation (SHPO; if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. All Bid / Bid Related Documents (including Form#25 if Building specific)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Documentation of LSW practices used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Copies of any lead (or other) testing results (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Subcontractor Certified Lead Renovator Documentation – if Building specific (if not, verify via Procurement file)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Client Sign Off / Dated (BWS Form#19)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Invoices (supporting model / workscope costs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Other (Describe) / Any Admin File Notes:			

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ENERGY AUDIT / MODEL	YES	NO	N/A
1. Audit Data Collection / Project Notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. SSE Test Results (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Audit Field Input Form (Form#49)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Indoor Air Quality Form (Form#12) <input type="checkbox"/> Pre <input type="checkbox"/> Post – if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. ASHRAE 62.2 Calculator / Notes (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Fuel Analysis Form – if applicable (Energy Factor Calculator; TIPS only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Refrigerator Evaluation Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Health & Safety Notifications (Form#15, if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Signed Household Questionnaire(s) (Form#11) (includes Lead Hazard Notification when applicable to project)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. All Justification / Prior Approval Documents (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Work Order / Scope for Subcontractor(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Building Energy Profile Reports			
o Part 1: Model Page (TIPS Report – Final; All eligible measures included)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o Part 1a: Model Page (TIPS Report – Final measures installed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o Part 2: Heat Load Page – (TIPS Report – Final)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o Part 3: Electric Page – (TIPS Report – Final)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o Part 4: DHW Page – (TIPS Report – Final)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o Part 5: Health & Safety Page – (TIPS Report – Final)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o Audit Report (TREAT only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Audit / Model			
o Work Scope consistent w/ proposed measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o Building Energy Factors provided / reasonable in model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o Reasonable U or R-values used in modeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o Eligible SIR measures reflected in Work Scope	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o Fuel Analysis aligns to model w/in standard parameters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o Reasonable Energy Costs used in building model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o Model Cost inputs w/in reason of actual cost totals (see BWS Form#19)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. In-progress Inspection Notes / Reports (when applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Other (Describe) / Any Audit or Model Notes:			

JOB SITE	YES	NO	N/A
1. Completed / Signed Daily Blower Door / CAZ Form (Form#50)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o CAZ Limit & Post CAZ Tests Results Recorded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o Initial & Final Blower Door Results Recorded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Work Scope for Agency Crew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Change Orders (Measure or Cost inputs deviation documented)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Materials Installed List(s) – if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Heating Appliance Tag (Form#39; if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Permits (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Insurance Certificate (if applicable to project; If not, on file w/ Agency)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Other (Describe; i.e. H&S#15 issued on site – Condition Listed) / Any Job Site Notes:			

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QCI	YES	NO
All Files Meet Program Standards per NYS WAP PPM	<input type="checkbox"/>	<input type="checkbox"/>

If **NO**, Agency 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.

Findings / Comments on File Review

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QUALITY CONTROL INSPECTION FORM**

ON-SITE WORK QUALITY ASSESSMENT

{YES = Acceptable / Correct; NO = Not Acceptable / Incorrect; N/A = Measure Not Applicable to Project}

HEATING & VENTILATION

	YES	NO	N/A
1. Heating System Replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Heating System Test Tag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Heating System Tune-Up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Distribution System Modifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. ASHRAE 62.2- Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Kitchen / Bath / Whole House (Circle all that apply)			
6. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Work Meets Program Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ATTIC

	YES	NO	N/A
1. Air Sealing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Attic Insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Good Coverage / Proper R-value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Damming / Fire Shielding / Soffit Baffling / Venting (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Attic Access Insulated / Secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Energy Related Repairs: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Work Meets Program Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SIDEWALLS & KNEEWALLS

	YES	NO	N/A
1. Walls Insulated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Dense-pack method	<input type="checkbox"/>	<input type="checkbox"/>	
b. Loose-fill	<input type="checkbox"/>	<input type="checkbox"/>	
2. Plugs, Patching & Finish appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Energy Related Repairs: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Work Meets Program Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BASEMENTS / CRAWLSPACES & SLABS

	YES	NO	N/A
1. Bypasses / Penetrations Sealed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Perimeter Air Sealing / Insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Floor Insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Foundation Wall Insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Vapor Barrier added; Full Coverage & Secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Work Meets Program Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WINDOWS / DOORS

	YES	NO	N/A
1. Windows <u>Replaced</u> : Number _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Proper Justification Documented for Replacing Windows: Type of measure for Windows (must check one): Conduction <input type="checkbox"/> Infiltration <input type="checkbox"/> Repair <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Windows <u>Repaired</u> : Number _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Storm Windows <u>Installation</u> : Number _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Doors <u>Replaced</u> : Number _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Doors <u>Repaired</u> : Number _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Work Meets Program Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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OTHER MEASURES	YES	NO	N/A
1. Water Heater Replacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Water Heater Treatment (Tank Wrap)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Water Heater Pipe Insulation (6ft per line)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Kitchen Stove Clean & Tune	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Low Flow Showerheads/Aerators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Smoke / Carbon Monoxide Detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Other H&S Measures _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Other Energy Related Repairs _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Other Air Sealing Measures _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Other (Describe): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Confirmed Client Education Materials / Insulation Certificate / All Warranties Provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Work Meets Program Standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUMMARY OF EXISTING SITE CONDITIONS	YES	NO	N/A
1. Energy related Health & Safety Conditions addressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The following general Health & Safety Conditions could still exist: <ul style="list-style-type: none"> ○ Asbestos Like Material ○ Lead Based Paint ○ Mold ○ Moisture ○ Electrical ○ Other _____ 			
3. If H&S conditions currently exist, was proceeding with the WAP workscope under those conditions appropriate per Program standards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Corresponding Health and Safety Notification(s) (Form#15) and/or 'The Lead-Safe Certified Guide to Renovate Right' was issued?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Inspected energy conservation measures were consistent with model and work scope?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Higher priority SIR energy measures installed, with no measures illegitimately skipped, relative to modeling / budget constraints?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Findings / Comments

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Building #: _____ Number of Units: 1 2 3 4

REQUIRED QCI DIAGNOSTIC TEST RESULTS

QCI – Compare your results to Agency’s PPM Forms #12, #50 and ASHRAE Calculator

QCI BLOWER DOOR TEST

Can building be properly tested using one (same) door? {Check one} YES NO
Reference Form#50 for exact location / set up

Blower Door Number at QCI Inspection: _____ cfm@50
Blower Door Number consistent with Agency Final Blower Door Number on Form#50? YES NO

QCI CAZ TEST RESULTS

QC Inspector Determined BPI CAZ Limit: _____ Pa

Unit # ___ Zone # ___ Outdoor Temp. (°F) _____

Worst Case CAZ (end of the day) Results _____ Pa

Passed CAZ? YES NO Passed Worst Case Spillage? YES NO

Worst Case Draft Results for: DHW: _____ Pa Heating Appliance: _____ Pa

QCI SSE TEST RESULTS (if applicable to project) or AFUE

Final SSE or AFUE # recorded @ test out _____ @ QC Inspection _____

QCI ASHRAE VENTILATION

Alternative Compliance Method used (WHOLE HOUSE Ventilation) to meet ventilation requirements?

YES If **YES**, measure whole house ventilation rate and compare to **Final ASHRAE Calculator**

NO If **NO**, provide Local Rates below:

Local Measured Ventilation Rate per **Final ASHRAE Calculator**:

Kitchen#1 _____ cfm Bath#1 _____ cfm Bath#2 _____ cfm

Local Measured Ventilation Rate per **QCI**:

Kitchen#1 _____ cfm Bath#1 _____ cfm Bath#2 _____ cfm

Ventilation Rates indicate Indoor Air Quality requirements met per program policy? YES NO

Findings / Comments

**NYS HOMES AND COMMUNITY RENEWAL
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QCI CARBON MONOXIDE TEST RESULTS (in ppm)

Unit #	1
Ambient Air Level	
Heating Appliance Vent #1	
Passed Draft? (Enter Y or N)	
Heating Appliance Vent #2	
Passed Draft? (Enter Y or N)	
DHW Appliance Vent #1	
Passed Draft? (Enter Y or N)	
DHW Appliance Vent #2	
Passed Draft? (Enter Y or N)	
Oven Vent @ Steady State	
Other Appliance Vent	
Passed Draft? (Enter Y or N)	

FOR CERTIFIED QCI USE ONLY

(*Add notes / comments on additional pages whenever necessary)

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

NYS WEATHERIZATION ASSISTANCE PROGRAM PROJECT IS:

CERTIFIED *NOT CERTIFIED*

QC Inspector Name (Print):

Company Name (if Subcontractor):

Signature: _____

Date: _____ / _____ / _____

Notes, Photos and/or Required Additional Diagnostic Test Results attached.

If '*NOT CERTIFIED*', Agency must save this form to Project File; WAP agency must provide new version of this form to their QCI, numbered accordingly, to perform the follow-up QC inspection following correction of all issues.

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IF UNIT / PROJECT CANNOT BE CERTIFIED, QCI NOTES / CORRECTIVE GUIDANCE:

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Building #: _____ Number of Units: 1 2 3 4

REQUIRED QCI DIAGNOSTIC TEST RESULTS FOR ADDITIONAL UNITS OR ZONES

QCI – Compare your results to Agency’s PPM Forms #12, #50 and ASHRAE Calculator

QCI CAZ TEST RESULTS

Unit # _____ Zone # _____ Outdoor Temp. (°F) _____

If applicable to project:

Blower Door Number at QCI Inspection for above unit: _____ cfm @50

Blower Door Number consistent with Agency Final Blower Door Number on Form#50? YES NO

Final SSE or AFUE # recorded @ test out _____ @ QC Inspection _____

Worst Case CAZ (end of the day) Results _____ Pa

Passed CAZ? YES NO Passed Worst Case Spillage? YES NO

Worst Case Draft Results for: DHW: _____ Pa Heating Appliance: _____ Pa

Unit # _____ Zone # _____ Outdoor Temp. (°F) _____

If applicable to project:

Blower Door Number at QCI Inspection for above unit: _____ cfm @50

Blower Door Number consistent with Agency Final Blower Door Number on Form#50? YES NO

Final SSE or AFUE # recorded @ test out _____ @ QC Inspection _____

Worst Case CAZ (end of the day) Results _____ Pa

Passed CAZ? YES NO Passed Worst Case Spillage? YES NO

Worst Case Draft Results for: DHW: _____ Pa Heating Appliance: _____ Pa

Unit # _____ Zone # _____ Outdoor Temp. (°F) _____

If applicable to project:

Blower Door Number at QCI Inspection for above unit: _____ cfm @50

Blower Door Number consistent with Agency Final Blower Door Number on Form#50? YES NO

Final SSE or AFUE # recorded @ test out _____ @ QC Inspection _____

Worst Case CAZ (end of the day) Results _____ Pa

Passed CAZ? YES NO Passed Worst Case Spillage? YES NO

Worst Case Draft Results for: DHW: _____ Pa Heating Appliance: _____ Pa

Unit # _____ Zone # _____ Outdoor Temp. (°F) _____

If applicable to project:

Blower Door Number at QCI Inspection for above unit: _____ cfm @50

Blower Door Number consistent with Agency Final Blower Door Number on Form#50? YES NO

Final SSE or AFUE # recorded @ test out _____ @ QC Inspection _____

Worst Case CAZ (end of the day) Results _____ Pa

Passed CAZ? YES NO Passed Worst Case Spillage? YES NO

Worst Case Draft Results for: DHW: _____ Pa Heating Appliance: _____ Pa

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Unit # _____ Zone # _____ Outdoor Temp. (°F) _____

If applicable to project:

Blower Door Number at QCI Inspection for above unit: _____ cfm @50

Blower Door Number consistent with Agency Final Blower Door Number on Form#50? YES NO

Final SSE or AFUE # recorded @ test out _____ @ QC Inspection _____

Worst Case CAZ (end of the day) Results _____ Pa

Passed CAZ? YES NO Passed Worst Case Spillage? YES NO

Worst Case Draft Results for: DHW: _____ Pa Heating Appliance: _____ Pa

QCI VENTILATION

Local Measured Ventilation Rate per Final ASHRAE Calculator:

Kitchen#2 _____ cfm	Bath#3 _____ cfm	Bath#4 _____ cfm
Kitchen#3 _____ cfm	Bath#5 _____ cfm	Bath#6 _____ cfm
Kitchen#4 _____ cfm	Bath#7 _____ cfm	Bath#8 _____ cfm
Kitchen#5 _____ cfm	Bath#9 _____ cfm	Bath#10 _____ cfm
Kitchen#6 _____ cfm	Bath#11 _____ cfm	Bath#12 _____ cfm

Local Measured Ventilation Rate per QCI:

Kitchen#2 _____ cfm	Bath#3 _____ cfm	Bath#4 _____ cfm
Kitchen#3 _____ cfm	Bath#5 _____ cfm	Bath#6 _____ cfm
Kitchen#4 _____ cfm	Bath#7 _____ cfm	Bath#8 _____ cfm
Kitchen#5 _____ cfm	Bath#9 _____ cfm	Bath#10 _____ cfm
Kitchen#6 _____ cfm	Bath#11 _____ cfm	Bath#12 _____ cfm

QCI CARBON MONOXIDE TEST RESULTS (in ppm)

Unit #	2	3	4	5	6
Ambient Air Level					
Heating Appliance Vent #1					
Passed Draft? (Enter Y or N)					
Heating Appliance Vent #2					
Passed Draft? (Enter Y or N)					
DHW Appliance Vent #1					
Passed Draft? (Enter Y or N)					
DHW Appliance Vent #2					
Passed Draft? (Enter Y or N)					
Oven Vent @ Steady State					
Other Appliance Vent					
Passed Draft? (Enter Y or N)					

Findings / Comments