

**TN Weatherization Assistance Program  
QCI Final Inspection Form**

<b>Client Name:</b>	<b>Site ID:</b>
<b>Address:</b>	<b>City/Zip:</b>
<b>Agency:</b>	<b>Contractor:</b>
<b>Energy Auditor:</b>	<b>Audit Date:</b>
<b>QCI Name:</b>	<b>QCI Date:</b>
<b>QCI Certification Number:</b>	<b>Date of Certification:</b>

**Pre-Inspection Review**

- I have assessed the accuracy of the field site data collection and found it to be accurate. \_\_\_\_ (QCI Initial)
- I have reviewed the energy audit software inputs and verified that measures called for on the work order are appropriate and in accordance with THDA energy audit procedures and protocols as approved by the Department of Energy. \_\_\_\_ (QCI Initial)

**Post Inspection Sign-Off**

I, \_\_\_\_\_, certify that the weatherization work identified has been completed in a satisfactory manner to the best of my knowledge. I understand that if the work is not satisfactorily completed due to poor workmanship, I do not have to sign this form. I further understand that I may appeal such dissatisfaction with the agency.

\_\_\_\_\_  
Client Signature Date

The work identified in for the property listed above was inspected and found to have met the Standard Work Specifications (SWS); and is approved by:

\_\_\_\_\_  
Certified QCI Printed Name and Signature Date

**For QA Monitoring Only:**

<b>QCI Name:</b>	<b>QCI Date:</b>
<b>QCI Certification Number:</b>	<b>Date of Certification:</b>
<b>QCI Signature:</b>	

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# DIAGNOSTIC TESTING

**Blower Door**

Test	Pre	Target	Post
BD CFM50			
<b>Attic Zonal</b>			
		X	
<b>Floor Zonal</b>			
		X	
<b>Wall Zonal</b>			
		X	
<b>Pressure Pan Location</b>			

**ASHRAE 62.2 2016**

Location	Pre	Operable Window	Post
<b>Bath 1</b>			
<b>Bath 2</b>			
<b>Kitchen</b>			

**Duct Blower Measurements**

Test	CFM		Pre	Target	Post
<b>Fan Flow</b>	Total				
	Outside				
<b>At Duct Pressure</b>	Total				
	Outside				
<b>House Pr. WRT Outside</b>	Total				
	Outside				

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**Combustion Safety**

TEST		APPLIANCE				
		Furnace	DHW	Dryer	Stove	UVSH
Fuel Leak	Pre					
	Post					
CO	Pre					
	Post					
Spillage	Pre					
	Post					
Efficiency	Pre					
	Post					
CAZ	Pre					
	Post					

**Lead Safe Practices**

Is an EPA Certified Renovator required? \_\_\_\_\_ If yes, is there proof of RRP? \_\_\_\_\_

Is Lead Safe Weatherization required? \_\_\_\_\_ If yes, is picture documentation provided? \_\_\_\_\_

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## INSPECTION RESULTS

Measure: \_\_\_\_\_ Pass: \_\_\_\_\_ Fail: \_\_\_\_\_

Comments: \_\_\_\_\_ Pass with Justification: \_\_\_\_\_ SWS: \_\_\_\_\_

Measure: \_\_\_\_\_ Pass: \_\_\_\_\_ Fail: \_\_\_\_\_

Comments: \_\_\_\_\_ Pass with Justification: \_\_\_\_\_ SWS: \_\_\_\_\_

Measure: \_\_\_\_\_ Pass: \_\_\_\_\_ Fail: \_\_\_\_\_

Comments: \_\_\_\_\_ Pass with Justification: \_\_\_\_\_ SWS: \_\_\_\_\_

Measure: \_\_\_\_\_ Pass: \_\_\_\_\_ Fail: \_\_\_\_\_

Comments: \_\_\_\_\_ Pass with Justification: \_\_\_\_\_ SWS: \_\_\_\_\_

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Measure: \_\_\_\_\_

Pass: \_\_\_\_\_ Fail: \_\_\_\_\_

Comments:

Pass with Justification: \_\_\_\_\_ SWS: \_\_\_\_\_

Measure: \_\_\_\_\_

Pass: \_\_\_\_\_ Fail: \_\_\_\_\_

Comments:

Pass with Justification: \_\_\_\_\_ SWS: \_\_\_\_\_

Measure: \_\_\_\_\_

Pass: \_\_\_\_\_ Fail: \_\_\_\_\_

Comments:

Pass with Justification: \_\_\_\_\_ SWS: \_\_\_\_\_

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Comments: \_\_\_\_\_ Pass with Justification: \_\_\_\_\_ SWS: \_\_\_\_\_

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Comments: \_\_\_\_\_ Pass with Justification: \_\_\_\_\_ SWS: \_\_\_\_\_

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Measure: \_\_\_\_\_

Pass: \_\_\_\_\_ Fail: \_\_\_\_\_

Comments:

Pass with Justification: \_\_\_\_\_ SWS: \_\_\_\_\_

Measure: \_\_\_\_\_

Pass: \_\_\_\_\_ Fail: \_\_\_\_\_

Comments:

Pass with Justification: \_\_\_\_\_ SWS: \_\_\_\_\_

Measure: \_\_\_\_\_

Pass: \_\_\_\_\_ Fail: \_\_\_\_\_

Comments:

Pass with Justification: \_\_\_\_\_ SWS: \_\_\_\_\_