Quality Control Report

Client Name: _____ ☐ **Wx Completed or** ☐ **In Progress**

Address: _____
Street City & County

Phone: _____ Own ☐ Rent ☐

Housing: Single Family ☐ Mobile Home ☐ Multi-family ☐

Fuel Type Natural gas ☐ Propane ☐ Electric ☐

✸ Attic Insulation (no knob and tube)

Installed: ☐Blown Cellulose ☐Blown Fiberglass ☐Batts ☐Dense Pack ☐Other_____

	Verified By QCI	Verified By ODOC State QCI	Comments
Total sf ft. of insulated attic space:	sf	sf	
Existing depth documented at audit:	in	in	
Addition depth required:	in	in	
# of bags required:	#bags	#bags	
# used:	#bags	#bags	
Certificate:	☐Y ☐N	☐Y ☐N	
Flags:	☐Y ☐N	☐Y ☐N	
Depth markers:	☐Y ☐N	☐Y ☐N	
Attic Hatch/Access Insulated	☐Y ☐N	☐Y ☐N	
Can light(s) sealed:	☐Y ☐N	☐Y ☐N	
Vent pipes sealed/dammed:	☐Y ☐N	☐Y ☐N	
Chimney sealed/dammed:	☐Y ☐N	☐Y ☐N	

✸ Wall Insulation (no knob and tube)

Installed: ☐Blown Cellulose ☐Blown Fiberglass ☐Batts ☐Dense Pack ☐Other_____

Total cu ft. of wall:	cf	cf
Estimate of bags to be used:	#bags	#bags
Actual # of Bags used:	#bags	#bags
Air leakage points sealed:	☐Y ☐N	☐Y ☐N

✸ Floor Insulation

Installed: ☐Blown Cellulose ☐Blown Fiberglass ☐Batts ☐Dense Pack ☐Other_____

Total sq. feet of floor to be insulated:	sf	sf
Estimated amount of material needed:		
Actual Amount of Material Used:		

✸ Crawl Space

Entrance Location:

Hatch Size	in	in
Lowest Point of Clearance	in	in
Ground Condition: Dry	☐Y ☐N	☐Y ☐N
Moist or Standing Water	☐Y ☐N	☐Y ☐N
Ground Moisture barrier installed	☐Y ☐N	☐Y ☐N
Entrance Signage	☐Y ☐N	☐Y ☐N

✸ Air Sealing

Top Plates:	☐Y ☐N	☐Y ☐N
Wire Holes:	☐Y ☐N	☐Y ☐N
Flue pipes:	☐Y ☐N	☐Y ☐N
Plumbing penetrations:	☐Y ☐N	☐Y ☐N
Vent pipes:	☐Y ☐N	☐Y ☐N
Chimneys:	☐Y ☐N	☐Y ☐N
Hatches:	☐Y ☐N	☐Y ☐N
Knee walls:	☐Y ☐N	☐Y ☐N
Open chases:	☐Y ☐N	☐Y ☐N
Can lights: # sealed_____	☐Y ☐N	☐Y ☐N
Other:	☐Y ☐N	☐Y ☐N

Initial Audit Date:______________________________ **Agency:**____________________________________

Post Wx Date:____________ **QCI Date:**____________ **ODOC QA Date:**____________

Agency Wx Crew	RRP	Fit Test	OSHA
Wx QCI	☐	☐	☐10 ☐30
Energy Auditor:	☐	☐	☐10 ☐30
Crew Leader:	☐	☐	☐10 ☐30
Retrofit Installer	☐	☐	☐10 ☐30
Retrofit Installer	☐	☐	☐10 ☐30

Material & Health and Safety Measures Completed

☑ OQCI	**Measure**	**Receipts**	**Work Plan**	**NEAT/MHEA Audit**	**SIR**	**H/S**	**Installed**	**Comments**
☐		☐	☐	☐ Line #____	☐	☐	☐	
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Material & Health and Safety Measures Completed (cont. from previous page)

☑ OQCI	Measure	Receipts	Work Plan	NEAT/MHEA Audit	SIR	H/S	Installed	Comments
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Quality Control Inspector ***Weatherization Close-Out***

☐ I have reviewed Form 28 - H&S as well as confirmed visually and diagnostically that all H&S Issues were identified and addressed. Client was educated accordingly. OR

☐ The Following H&S Issues/Concerns Were Overlooked or Not Addressed Properly:

Client Comments and Satisfaction Level: _____

_____

_____

_____

QCI Required Corrections / Comments

CHECK BOXES BELOW if Correction is Required ☑

QCI Initial & Date Once Correction is Completed	File /Audit Discrepencies:	☐
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QCI Initial & Date Once Correction is Completed	Air Infiltration Missed:	☐
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QCI Initial & Date Once Correction is Completed	Other Discrepencies:	☐

By providing my signature below, I hereby certify the following:

- This unit has been inspected.
- All NEAT/MHEA recommended measures and any required Health and Safety measures have been inspected following Department of Energy, Oklahoma Department of Commerce and DOE Standard Work Specifications guidelines.
- PRE and Post Pressure Diagnostic test were verified.
- Worst Case Combustion Appliance Testing at the end of each work day was verified as completed unless no air sealing was done during the work day or CAZ was correctly isolated.

Agency Quality Control Inspector

Do Not Sign Below Until ALL Corrections Are Completed and Documented

Quality Control Inspector Printed Name

Quality Control Inspector Signature

Final Close Out Date

ODOC Quality Assurance Inspector Weatherization Close-Out

☐ I have reviewed Form 28 - H&S as well as confirmed visually and diagnostically that all H&S Issues were identified and addressed. Client was educated accordingly. OR

☐ The Following H&S Issues/Concerns Were Overlooked or Not Addressed Properly:

Client Comments and Satisfaction Level:

ODOC QA Required Corrections / Comments

CHECK BOXES BELOW if Correction is Required ☑

ODOC QA Initial & Date Once Correction is Completed	File/Audit Discrepencies:	☐
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Final Close Out Date