

QUALITY CONTROL INSPECTION (QCI) CHECKLIST

NORTH DAKOTA DEPARTMENT OF COMMERCE

DIVISION OF COMMUNITY SERVICES

SFN 61557 (10-2018)

Agency Job Number		Agency		
Client Name		<input type="checkbox"/> Owner <input type="checkbox"/> Renter	Prior QCI Inspections <input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> N/A	
Address		City	State	ZIP Code
Housing Type <input type="checkbox"/> Single Family <input type="checkbox"/> Manufactured Housing <input type="checkbox"/> Multi-Family <input type="checkbox"/> Other:				
Primary Fuel <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other:				
Secondary Fuel Source <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Other:				
FILE REVIEW AND QUALITY ASSURANCE	YES	NO	N/A	COMMENTS
1. Appropriate signatures verified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Eligibility Determination present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Utility bills in file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Ownership Verification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. State Historic Preservation Documentation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Whole House Audit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Homeowner Agreement/Proceed to Work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Lead-Paint Notification/EPA Lead Paint Pamphlet Sign-off?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Certified Renovator/EPA Renovation Recordkeeping Checklist Documentation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Lead Safe Photographic Documentation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Health and safety/mold release form filled out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Work Order checked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Desk review sheet completed and variances documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Comparison of Audit Costs Input against Invoice Actuals (desk review sheet completed)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Compared invoices, inventory, subcontractor costs to job cost report and work order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Identification of Occupant Health Conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Insulation Certificate posted and in file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Pictures of furnace and water heater in file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Confined Space form filled out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Are job anomalies sufficiently noted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Agency identified client complaint? If so, resolved? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Call back documentation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CLIENT SATISFACTION INTERVIEW BY QCI				
1. Were the workers polite?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Were the workers professional?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

3. Did the workers damage anything?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4. Did the workers clean up afterwards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5. Would you recommend them to others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
ON-SITE WORK ASSESSMENT/DIAGNOSTICES				YES	NO	N/A
1. Exterior Inspection of Home Performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2. Interior Inspection of Home Performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
USE MANOMETER FOR ALL TESTING Blower Door Results (@ CFM 50) _____ cfm						
3. Pre and post blower door done?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4. Cost Effective Guidelines correctly completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5. Pressure pans completed and meet standard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6. Exhaust fan flow verified and meets ASHRAE 2016?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7. Worst-case spillage test pass?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8. Room pressure verified and meets standard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9. House to outside pressure meets standard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10. Zonal pressure tests done?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
11. All accessible gas lines checked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12. CO checked on all appliances (oven, DHW, furnace)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13. Heat rise (furnace) within manufacturer specifications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14. Furnace AFUE correct in audit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15. Ambient CO testing done?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16. Infrared scan complete?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
17. All items on work order checked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18. Were all measures considered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19. Attics checked and considered? (Main, additions, dormers, bump-outs, rafter runs/slants, knee wall floors, flat roofs, shed roofs, vaulted/cathedral ceilings, including access/hatch)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20. Walls checked and considered? (Main, additions, knee walls, access insulated and sealed?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21. Perimeter checked and considered? (Walls, rim joist, crawlspace walls insulated/considered?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
22. Floors insulated/considered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23. Windows checked? (Two panes of glass present, and minimal air leakage?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24. Doors (Weatherstrip, threshold, bottom, sweep, seal tight and locks, no visible light?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25. Health and Safety (Dryer and exhaust fans vented, adequate ventilation, CO and smoke detectors, water drains away from home, moisture problems, poly in crawlspace?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
26. General Heat Waste (Pipe insulation, water heater jacket, ducts sealed if in unconditioned space, evidence air sealing was done?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
27. Baseload (refrigerator checked/considered, LEDs/CFLs checked/considered/existing?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
28. All invoice items, inventory items, subcontractor costs on job cost report have been verified and were installed on job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

Additional Comments:	
Quality Control Inspector Printed Name	
Quality Control Inspector Signature	Date