

NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS
Division of Housing and Community Resources

QUALITY CONTROL INSPECTION FORM

CLIENT NAME _____ JOB NUMBER _____ DATE _____
ADDRESS _____
QCI ASSESSOR _____

REVIEW CLIENT FILE AND THE WORK SCOPE COMPLETED ___

- REVIEW THE AUDIT
- REVIEW THE WORK ORDER
- REVIEW THE DIAGNOSTIC TEST RESULTS TO SCOPE OF WORK

CLIENT FEEDBACK N/A ___ COMPLETED ___

SATISFACTORY SURVEY

	Excellent	Good	Average	Fair	Poor
WERE YOU COMFORTABLE WITH THE CONTRACTORS	___	___	___	___	___
HOW WOULD YOU RATE THEIR WORK	___	___	___	___	___
DID THEY CLEAN UP AFTER THEMSELVES YES ___ NO ___	___	___	___	___	___
DO YOU UNDERSTAND THE SIGNIFICANCE OF THE MEASURES INSTALLED IN YOUR HOME? YES ___ NO ___	___	___	___	___	___

VERIFY WORKER MET COMPLIANCE WITH SAFETY RULES (Did not inspect work in progress) N/A ___ COMPLETED ___

DID THE CONTRACTOR USE LEAD SAFE PRACTICES?	YES ___	NO ___
DID THE CONTRACTOR USE FALL PROTECTION?	YES ___	NO ___
DID THE CONTRACTOR USE PPE (GLOVES, GOGGLES, RESPIRATORS)?	YES ___	NO ___
TAKE JOB INSPECTION NOTES AND PICTURES	YES ___	NO ___

PERFORMED WORK INSPECTION – WITH EXTERIOR AND INTERIOR VISUAL/SENSORY INSPECTION COMPLETED ___

- TAKE JOB INSPECTION NOTES AND PICTURES
- EVALUATE INSTALLED MEASURES TO FIELD GUIDE/SWS/CODES-NOTES
- IDENTIFY MISSED OPPORTUNITIES

DETERMINE PASS OR FAIL OF THE WORK- LIST BELOW FAILED OR PROBLEM AREAS

NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS

Division of Housing and Community Resources

PERFORMED WORK INSPECTION – WITH EXTERIOR AND INTERIOR VISUAL/SENSORY INSPECTION

COMPLETED ___

CALIBRATE PERSONAL CO DETECTOR, GAS LEAK DETECTOR AND COMBUSTION ANALYZER- OUTDOOR FRESH AIR MEASURE LEL PERCENTAGE WITH GAS DETECTOR WITH DIGITAL READING (IF LIMIT EXCEEDS 10%, EVACUATE HOUSE IMMEDIATELY AND CALL UTILITY COMPANY).

GAS LEAK TEST (1" per second all the way around fitting)

SUGGEST SOAP BUBBLES LEAK TEST OPTION

INSPECT FLUE SYSTEM

IDENTIFY TYPE SYSTEM (ATMOSPHERIC, SEALED COMBUSTION, POWER VENTED, ELECTRIC, HEAT PUMP, BOILER) (CIRCLE ONE)

IDENTIFY ANY HVAC SYSTEM COMPONENT OR SAFETY CONCERNS – BELOW

MEASURE THE DOMESTIC WATER TEMPERATURE AT THE TAP (_____ F)

EXHAUST FAN FLOW TEST

N/A__

COMPLETED ___

FAN #1 LOCATION _____ TEST RESULTS: CFM FAN RATING: _____ P ___ F ___

FAN #2 LOCATION _____ TEST RESULTS: CFM FAN RATING: _____ P ___ F ___

FAN #3 LOCATION _____ TEST RESULTS: CFM FAN RATING: _____ P ___ F ___

BLOWER DOOR TEST

COMPLETED ___

VERIFY THAT NO INDOOR AIR QUALITY ISSUES ARE PRESENT- (DO NOT CONDUCT TEST IF PRESENT)

SETUP HOME IN WINTER LIKE CONDITIONS

TURN OFF ALL COMBUSTION APPLIANCES- SWITCH WATER HEATER TO PILOT

TURN OFF ALL EXHAUST APPLIANCES/ FANS

OPEN ALL INTERIOR DOORS

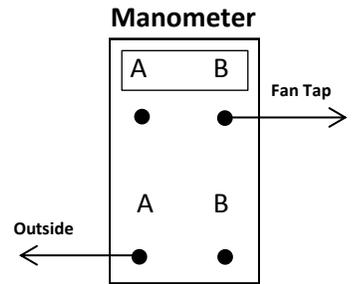
SET UP BLOWER DOOR

MAKE SURE ALL FIRE PLACES ARE OUT (ASHES REMOVED AND DAMPERS CLOSED)

MEASURE BASELINE RECORD _____ Pa

ADJUST BASELINE TO ZERO

ADJUST FAN TO CFM @50 RECORD FLOW _____ CFM



ZONE TEST

COMPLETED ___

WITH BLOWER DOOR AT 50 CFM – (GREEN HOSE TO OUTSIDE SAME CHANNEL) (RED HOSE TO ZONE SAME CHANNEL)

LOCATION # _____ RESULT _____ Pa

PAN PRESSURE TEST

N/A__

COMPLETED ___

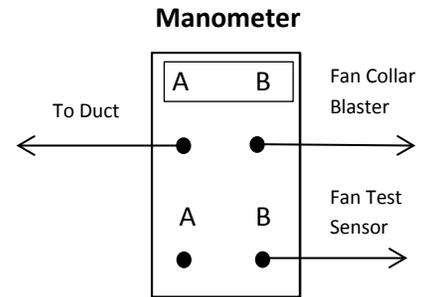
LOCATION # _____ RESULT _____ Pa

NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS

Division of Housing and Community Resources

DUCT BLASTER TEST	N/A ___	COMPLETED ___
-------------------	---------	---------------

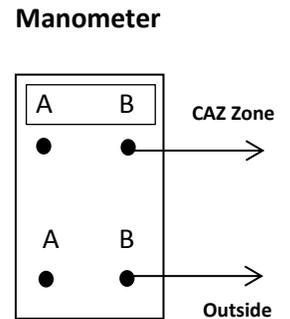
SEAL ALL DUCTS, SUPPLY AND RETURN
 OPEN WINDOW OR DOOR TO EQUALIZE PRESSURE
 SET UP DUCT BLASTER AT THE RETURN REGISTER OR FURNACE CABIN
 SET UP METER HOSES
 ADJUST FAN TO CFM @25; RECORD FLOW _____ CFM



CAZ & COMBUSTION TESTING	IF CAZ OUTSIDE- N/A ___	COMPLETED ___
--------------------------	-------------------------	---------------

SET UP HOME IN WINTER LIKE CONDITIONS
 CLOSE VENT DAMPER IN FIREPLACE IF APPLICABLE N/A
 SETUP FLOW METER
 MEASURE BASELINE RECORD _____ Pa
 ADJUST BASELINE TO ZERO
 TURN ON ALL EXHAUST FANS RECORD NUMBER _____ Pa
 CLEAN LINT FILTER THEN TURN ON DRYER RECORD NUMBER _____ Pa
 TURN ON AIR HANDLER RECORD NUMBER _____ Pa
 CLOSE/OPEN INTERIOR DOORS (CLOSE+, OPEN-) RECORD
 PERFORM SPILLAGE TEST WARM VENT 2 MINUTES _____ (+) / _____ (--)
 PERFORM SPILLAGE TEST COLD VENT 5 MINUTES _____ (+) / _____ (--)
 PERFORM COMBUSTION TEST (CO) AT 5 MINUTES IN LOWEST BTU APPLIANCE. _____ AIR FREE PPM
 PERFORM COMBUSTION TEST (CO) IN HIGHEST BTU APPLIANCE. _____ AIR FREE PPM

_____ Pa
 _____ Pa
 _____ Pa
 _____ Pa
 _____ (+) / _____ (--)
 _____ (+) / _____ (--)
 _____ AIR FREE PPM
 _____ AIR FREE PPM



**CO LEVEL EXCEEDING THRESHOLDS IN SECTION 7.9.5 TABLE 1 OF THE ANSI/ BPI 1200-S-2017 IS UNACCEPTABLE AND MUST BE ADDRESSED.*
***ACTION LEVELS FOR SPILLAGE AND CO IN APPLIANCES CAN BE FOUND ANSI/ BPI 1200-S-2017 ANNEX D*

CO TESTING	COMPLETED ___
------------	---------------

TEST OUTDOOR AMBIENT CO-RECORD NUMBER _____ PPM
 TEST INDOOR AMBIENT CO- RECORD NUMBER _____ PPM (IF REACHES 70 PPM, TERMINATE INSPECTION)
 DURING FURNACE/DHW RUN TEST CAZ CO-RECORD NUMBER _____ PPM (IF REACHES 70 PPM, TERMINATE INSPECTION)
** AMBIENT CO READINGS ACTION LIMITS CAN BE FOUND IN THE NJ FIELD GUIDE AND HEALTH AND SAFETY POLICY*

PERFORM RANGE AND OVEN TEST	N/A (Electric) ___	COMPLETED ___
-----------------------------	--------------------	---------------

REMOVE ANY ITEMS FROM OVEN/RANGE TOP
 MAKE SURE SELF CLEANING FEATURES ARE NOT ACTIVATED
 OPEN WINDOW OR TURN ON EXHAUST FAN
 OPERATE OVEN FOR 5 MINUTES (STEADY STATE)
 TEST FOR CO AT OVEN SLEEVE, BEFORE DILUTION AIR _____ CO PPM
 VISUALLY INSPECT RANGE TOP WITH ALL BURNERS ON HIGH SETTING
 TURN OFF OVEN/BURNERS AFTER TESTING
**CO AS MEASURED LIMIT IS 225 PPM FOR THE OVEN. FOR ACTIONS SEE HEALTH AND SAFETY POLICY.*

NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS
Division of Housing and Community Resources

CLOSE OUT THE PROJECT

COMPLETED ___

- ENSURE ALL PUNCH LIST ITEMS WERE COMPLETED
 - MAKE SURE ALL SIGNATURES ARE OBTAINED
 - EXPLAIN HOW I MAINTAIN JOB LOGS
 - EXPLAIN HOW I MAINTAIN INFORMATION ON ACTIVE COMPLAINTS
 - EXPLAIN HOW I MAINTAIN JOB ANOMALIES (UNORDINARY)
-
-
-

OVERALL: PASS FAIL (SEE NOTES)

I, _____, AGENCY representative, performed final diagnostics, reviewed and verified all appropriate measures were on work order, reviewed and verified invoiced costs are consistent with original audit estimates, and certify that all completed work meets the minimum specifications required by the State of New Jersey Weatherization Assistance Program.

Initial Inspection

_____ QCI SIGNATURE	_____ QCI #	_____ AGENCY	_____ DATE
------------------------	----------------	-----------------	---------------

Re-Inspection

_____ QCI SIGNATURE	_____ QCI #	_____ AGENCY	_____ DATE
------------------------	----------------	-----------------	---------------