

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 \_\_\_\_

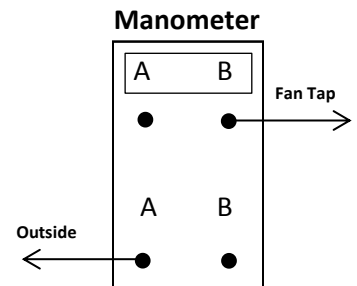
COMPLETED \_\_\_\_

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	LOCATION # _____ RESULT _____ Pa
LOCATION # _____ RESULT _____ Pa	LOCATION # _____ RESULT _____ Pa

### PAN PRESSURE TEST

N/A \_\_\_\_

COMPLETED \_\_\_\_

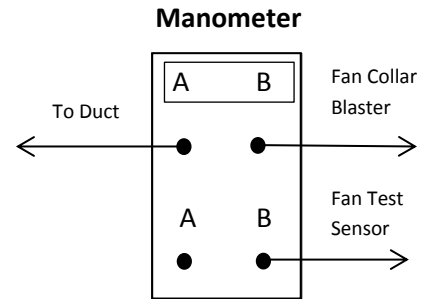
LOCATION # _____ RESULT _____ Pa	LOCATION # _____ RESULT _____ Pa
LOCATION # _____ RESULT _____ Pa	LOCATION # _____ RESULT _____ Pa
LOCATION # _____ RESULT _____ Pa	LOCATION # _____ RESULT _____ Pa
LOCATION # _____ RESULT _____ Pa	LOCATION # _____ RESULT _____ Pa

# NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS

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DUCT BLASTER TEST	N/A ____	COMPLETED ____
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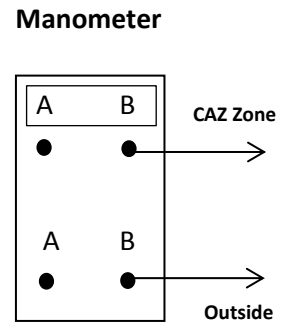
SEAL ALL DUCTS, SUPPLY AND RETURN  
 OPEN WINDOW OR DOOR TO EQUALIZE PRESSURE  
 SET UP DUCT BLASTER AT THE RETURN REGISTER OR FURNACE CABIN  
 SET UP METER HOSES  
 ADJUST FAN TO CFM @25; RECORD FLOW \_\_\_\_\_ CFM



CAZ & COMBUSTION TESTING	IF CAZ OUTSIDE- N/A ____	COMPLETED ____
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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 ____
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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 ____
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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.*

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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)

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OVERALL:                      PASS              FAIL              (SEE NOTES)

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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