

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. Ownership Verification?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. State Historic Preservation Documentation?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Whole House Audit?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Whole House Mold/Moisture Assessment Form?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Lead-Paint Notification/EPA Lead Paint Pamphlet Sign-off?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Certified Renovator/EPA Renovation Recordkeeping Checklist Documentation?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Lead Safe Photographic Documentation?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Health and safety/mold release form filled out?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Work Order checked?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Desk review sheet completed and variances documented?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Comparison of Audit Costs Input against Invoice Actuals (desk review sheet completed)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Compared invoices, inventory, subcontractor costs to job cost report and work order?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Identification of Occupant Health Conditions?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Post inspection client sign off?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Are job anomalies sufficiently noted?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Agency identified client complaint? If so, resolved? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. 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"/>	
2. Interior Inspection of Home Performed	<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. Pressure pans completed and meet standard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Exhaust fan flow verified and meets ASHRAE 2016?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Worst-case spillage test pass?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Room pressure verified and meets standard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. House to outside pressure meets standard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Zonal pressure tests done?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. All accessible gas lines checked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. CO checked on all appliances (oven, DHW, furnace)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Heat rise (furnace) within manufacturer specifications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Furnace AFUE correct in audit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Ambient CO testing done?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Infrared scan complete?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. All items on work order checked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Were all measures considered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. 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"/>
19. Walls checked and considered? (Main, additions, knee walls, access insulated and sealed?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Perimeter checked and considered? (Walls, rim joist, crawlspace walls insulated/considered?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Floors insulated/considered?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Windows checked? (Two panes of glass present, and minimal air leakage?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Doors (Weatherstrip, threshold, bottom, sweep, seal tight and locks, no visible light?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. 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"/>
25. 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"/>
26. Baseload (refrigerator checked/considered, LEDs/CFLs checked/considered/existing?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. 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