

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"/>	

Additional Comments:

Quality Control Inspector Printed Name

Quality Control Inspector Signature

Date