

QUALITY CONTROL INSPECTION (QCI) CHECKLIST

NORTH DAKOTA DEPARTMENT OF COMMERCE
 DIVISION OF COMMUNITY SERVICES
 SFN 61557 (3/2021)

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. Homeowner Agreement/Proceed to Work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Whole House Audit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Work Order checked?	<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. Identification of Occupant Health Conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. State Historic Preservation Documentation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Insulation Certificate posted and in file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Confined Space form filled out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Pictures of furnace and water heater in file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Desk review sheet completed and variances documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Compared invoices, inventory, subcontractor costs to job cost report and work order?	<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"/>	
2. Interior Inspection of Home Performed		<input type="checkbox"/>	<input type="checkbox"/>	
USE MANOMETER, COMBUSTION ANALYZER AND THERMAL CAMERA FOR ALL TESTING.				
3. Pre and post blower door completed?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Final blower door results (@cfm 50) _____ cfm		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Infrared scan complete?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Zonal pressure tests done?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Pressure pans and/or Leakage to the outside completed and meet standard?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Exhaust fan flow verified and meets ASHRAE 2016?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Room pressure verified and meets standard?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. House to outside pressure meets standard?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Worst-case spillage test pass?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Ambient CO testing done?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. All accessible gas lines checked?		<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. CO checked on all appliances (oven, DHW, furnace)?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Heat rise (furnace) within manufacturer specifications?		<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