



QUALITY CONTROL INSPECTION (QCI) CHECKLIST
 NORTH DAKOTA DEPARTMENT OF COMMERCE DIVISION OF
 COMMUNITY SERVICES
 SFN 61557 (01-2025)

Agency Job Number	Agency	Fund Code	
Client Name	Owner Renter	Completion Date	
Address	City	State	ZIP Code
Housing Type			
<div> <div>Site Built</div> <div>Mobile Home</div> <div>Multi-Family</div> <div>Other:</div> </div>			
Primary Fuel Source			
<div> <div>Natural Gas</div> <div>Propane</div> <div>Electric</div> <div>Oil</div> <div>Other:</div> </div>			
Secondary Fuel Source			
<div> <div>Natural Gas</div> <div>Propane</div> <div>Electric</div> <div>Oil</div> <div>Other:</div> </div>			

FILE REVIEW AND QUALITY ASSURANCE	YES	NO	N/A	COMMENTS
Appropriate signatures verified?				
Eligibility Determination present?				
Ownership Verification?				
State Historic Preservation Document?				
Utility bills or heat-loss in file?				
Homeowner proceed to work order?				
Lead-Paint Notification/EPA Lead Paint Pamphlet Sign-off?				

Certified Renovator/EPA Renovation Recordkeeping Checklist Documentation?				
Lead Safe Photographic Documentation?				
Health and safety/mold release form filled out?				
Work Order Checked?				
Was desk review completed? Were actuals and estimated cost variances documented?				
Is the insulation Certificate in the file and posted in the home?				
Is the confined space form filled out and in the file?				
Post inspection client sign off?				
Were subcontractors checked for debarment?				
Agency identified client complaint? If so, resolved? Yes No				
Call back documentation?				
ON-SITE WORK ASSESSMENT/DIAGNOSTICS	YES	NO	N/A	
Exterior Inspection of Home Performed				
Interior Inspection of Home Performed				
USE MANOMETER FOR ALL TESTING Blower Door Results (@CFM50)_____Pre-CFM_____Post-CFM_____				
Pressure pans completed and meet standard?				
Exhaust fan flow verified and meets ASHRAE 2016? RMVR_____ Measured_____				
Room pressure verified and meets standard?				
House to outside pressure meets standard?				
Zonal pressure tests done?				

Greatest Depressurization Test Pass?			
All accessible gas lines checked?			
CO checked on all appliances (oven, DHW, furnace)?			
Heat rise (furnace) within manufacturer specifications?			
Furnace AFUE correct in audit?			
Ambient CO testing done?			
Infrared scan complete?			
Picture of the furnace and water heater on file?			
All items on work order checked?			
Were all measures considered?			

CLIENT SATISFACTION INTERVIEW BY QCI	YES	NO	N/A	
Were the workers polite?				
Were the workers professional?				
Did the workers damage anything?				
Did the workers clean up afterwards?				
Would you recommend them to others?				
Additional Comments:				
Quality Control Inspector Printed Name				QCI Number
Quality Control Inspector Signature				Date
Client Printed Name				
Client Signature				Date