State of Nebraska WAP
WX1 Quality Control Form

NEBRASKA
DEPT. OF WATER, ENERGY, AND ENVIRONMENT

Agency:	**Client Name:**	**Date:**
Job #:	**Address:**	
QCI:	**Auditor:**	**Crew/Contractor:**

Funding Used: ☐ LIHEAP ☐ LIHEAP HCRRA ☐ DOE ☐ DOE BIL ☐ State Funds ☐ WRF ☐ One Red

☐ Site Built ☐ Mobile Home ☐ Manufactured ☐ Multi Family

SHSPO Review Complete ☐ Y ☐ N ☐ Exempt

NOTES:

Doors and Windows SWS 2.0519, 3.04-3.0402	
Door(s) Replaced: ☐ Y ☐ N	Door(s) Repaired Sealed: ☐ Y ☐ N
Window(s) Replaced: ☐ Y ☐ N	Window(s) Repaired/Sealed: ☐ Y ☐ N
Storm Window(s) Replaced: ☐ Y ☐ N	Storm Window(s) Repaired/Sealed: ☐ Y ☐ N
Glass Repaired/Replaced: ☐ Y ☐ N	Door/Window Issues Documented: ☐ Y ☐ N
Door(s) Replaced with: ☐ SIR ☐ Beyond Repair	Windows Replaced with: ☐ SIR ☐ Beyond Repair
Notes: List any repairs or notes from above	

Walls SWS 4.02	
Wall Insulation Installed: ☐ Y ☐ N ☐ Existing	Balloon Framed: ☐ Y ☐ N ☐ Wall Tob/Bottom Sealed
Kneewall Ins. Installed: ☐ Y ☐ N ☐ Existing	Kneewall Vapor Barrier Installed: ☐ Y ☐ N ☐ Existing
All Walls Air Sealed (Including Garage): ☐ Y ☐ N	Plugs/Patching/Painting Complete: ☐ Y ☐ N
Density Sample Test(Walls ≤ 3.5 lbs/cu ft) ☐ Y ☐ N ☐ N/A	Location of Test:
Thermal Imaging: ☐ Y ☐ N ☐ Could not Perform	Live Kob and Tube: ☐ Y ☐ N
Notes: List any notes from above	

Attics SWS 1.01, 3.01, 3.0302, 4.01		
Attic Insulation Added: ☐ Y ☐ N	Attic(s) Air-Sealed: ☐ Y ☐ N	Rulers Present: ☐ Y ☐ N ☐ N/A
Attic Access Air Sealed and Insulated: ☐ Y ☐ N ☐ N/A	Electrical Box Flags: ☐ Y ☐ N ☐ N/A	
Kneewall Access Air Sealed and Insulated: ☐ Y ☐ N ☐ N/A	Heat Source Shielding Installed: ☐ Y ☐ N ☐ N/A	
Insulation Documentation Posted: ☐ Y ☐ N ☐ N/A	Live Knob and Tube Present/Shielded: ☐ Y ☐ N ☐ N/A	
Baffles Present: ☐ Y ☐ N ☐ N/A	Attic Ventilation Adequate: ☐ Y ☐ N ☐ N/A	
OCJ Attic(s)s Insulated: ☐ Y ☐ N ☐ N/A	Mobile Home Roof Blow: ☐ Y ☐ N ☐ N/A	
Attic Insulated Correctly: ☐ Y ☐ N ☐ N/A	Roof/Ceiling Patching Correct: ☐ Y ☐ N ☐ N/A	
Notes: List any Info from above		

Baseload Measures SWS 2.0517, 7.01-7.0304	
Lighting Retrofit Complete: ☐ Y ☐ N ☐ N/A	CO/Smoke Combo Detectors Installed: ☐ Y ☐ N ☐ N/A
DHW Tank Replaced: ☐ Y ☐ N	Replaced As: ☐ H&S ☐ ECM ☐ LIHEAP HCRRA
DHW Tank Insulated: ☐ Y ☐ N	DHW Replacement Approval in File: ☐ Y ☐ N ☐ N/A
Water Lines Insulated: ☐ Y ☐ N _____ LF	Low Flow Showerhead Installed: ☐ Y ☐ N ☐ Existing
Refrigerator Replaced: ☐ Y ☐ N	Metering Info in File: ☐ Y ☐ N ☐ N/A
Notes: List any info from above	

Ventilation SWS 2.5018, 6.01-6.06			
All Venting Terminated Correctly: ☐ Y ☐ N ☐ N/A		Fan Installed Correctly: ☐ Y ☐ N ☐ N/A	
Venting Insulated Correctly in Unconditioned Space: ☐ Y ☐ N ☐ N/A		Rigid Ducting Used: ☐ Y ☐ N ☐ N/A	
Dryer Venting Installed Correctly: ☐ Y ☐ N ☐ N/A		Ducting Sloped Correctly: ☐ Y ☐ N ☐ N/A	
Bath 1	**Bath 2** ☐ N/A	**Bath 3** ☐ N/A	**Kitchen**
Fan: ☐ Y ☐ N	Fan ☐ Y ☐ N	Fan ☐ Y ☐ N	☐ Vented ☐ Recirculatory ☐ NA
CFM:	CFM:	CFM:	CFM:
Window: ☐ Y ☐ N	Window: ☐ Y ☐ N	Window: ☐ Y ☐ N	Window: ☐ Y ☐ N
Notes: List any info from above			

Subspace SWS 3.06, 4.04 ☐ Crawlspace ☐ Basement ☐ Slab	
☐ Conditioned ☐ Unconditioned	Ground Vapor Barrier Installed Correctly: ☐ Y ☐ N ☐ N/A
Piers Wrapped/Seams Sealed: ☐ Y ☐ N ☐ N/A	Subfloor Air Sealed: ☐ Y ☐ N ☐ N/A
Crawl Access Installed: ☐ Y ☐ N ☐ N/A	Crawlspace Insulation Installed Correctly: ☐ Y ☐ N ☐ N/A
Floor Insulated: ☐ Y ☐ N ☐ N/A	Basement Walls Insulated: ☐ Y ☐ N ☐ N/A
Box Sill Insulated: ☐ Y ☐ N ☐ N/A	Mobile Home Belly Repair: ☐ Y ☐ N ☐ N/A
Notes: List any info from above	

Heating/Cooling SWS 2.04, 5.01-5.03 ☐ NG ☐ Propane ☐ Electric ☐ Solid Fuel ☐ Oil		
Heating Replacement ☐ Y ☐ N	Replaced as: ☐ H&S ☐ ECM ☐ LIHEAP HCRRA	
Cooling Replacement ☐ Y ☐ N	Replaced as: ☐ H&S ☐ ECM ☐ LIHEAP HCRRA	
Heat Pump Replacement ☐ Y ☐ N	Replaced as: ☐ H&S ☐ ECM ☐ LIHEAP HCRRA	
Repair ☐ Y ☐ N	Vented correctly ☐ Y ☐ N	New Thermostat ☐ Y ☐ N
Heating Tune and Clean: ☐ Y ☐ N	Cooling Tune and Clean: ☐ Y ☐ N	
Notes: List any info from above		

Distribution System SWS 3.07-3.0702, 4.05-4.0501									
Ducts In: ☐ Conditioned Space ☐ Unconditioned Space				Duct Insulation Installed: ☐ Y ☐ N ☐N/A R-value:					
Distribution System Modifications: ☐ Y ☐ N ☐ N/A				Duct Mastic/Air Sealing: ☐ Y ☐ N ☐ N/A					
Pressure Pan Readings	pa	pa	pa	pa	pa	pa	pa	pa	pa
	pa	pa	pa	pa	pa	pa	pa	pa	pa
Notes: List info from above									

Blower Door Diagnostics SWS 3.02					
Pre:	@50	Target Blower Door:	@ 50	QCI Final:	@ 50
Crew/Contractor Pre:	@50	Crew/Contractor Post:	@50		
Target Blower Door Calculator	Click button to use Calculator				
Notes:					

Room Pressure Diagnostics			
Room Pressures	pa	pa	pa
	pa	pa	pa
	pa	pa	pa
Zonal Pressures	pa	pa	pa
	pa	pa	pa

Combustion Safety SWS 2.0406, 2.506-2.506.01
WX9 Completed for Pre and Post Weatherization: ☐ Y ☐ N Outside Temp: Degrees
Primary Heat: ☐ CAZ ☐ Draft ☐ CO ☐ Combustion Efficiency ☐ Electric ☐ NA
Water Heater: ☐ CAZ ☐ Draft ☐ CO ☐ Combustion Efficiency ☐ Electric ☐ NA
Stovetop/Range: ☐ CAZ ☐ Draft ☐ CO ☐ Combustion Efficiency ☐ Electric ☐ NA
Other: ☐ CAZ ☐ Draft ☐ CO ☐ Combustion Efficiency ☐ NA
Notes: List any info from above

ASHRAE Compliance SWS 2.0518-2.0518.03		
ASHRAE 62.2-2016 | Building America Solution Center (pnnl.gov)		
ASHRAE Fan Installed: ☐ Y ☐ N	Smart Switch Installed: ☐ Y ☐ N	Label Installed ☐ Y ☐ N ☐ NA
Location: ☐ Bath ☐ Kitchen ☐ Basement ☐ Other		Post WX Red Calc : CFM
Timer ☐ Y ☐ N If yes fan run time is min per hr		
Notes: List any info from above		

Software and Files	
☐ NEAT ☐ MHEA ☐ MULTEA	
Audit in Client File: ☐ Y ☐ N	All (ECM) Measures meet SIR: ☐ Y ☐ N
Work Order Reviewed: ☐ Y ☐ N	Invoice(s) Reviewed: ☐ Y ☐ N
Required Client Signatures Received: ☐ Y ☐ N	Required Forms in Client File: ☐ Y ☐ N
Documentation/Photos Completed: ☐ Y ☐ N	All Diagnostic Tests Reviewed: ☐ Y ☐ N
Notes:	

Measure List and Invoice	
All Measures Installed: ☐ Y ☐ N	BCJO Invoice verified with Audit: ☐ Y ☐ N
All Deficiencies Documented For Repair: ☐ Y ☐ N ☐ N/A	Incidental Repairs Documented: ☐ Y ☐ N ☐ N/A
Follow Up Needed: ☐ Y ☐ N	

Client Interaction	
All WX materials removed from jobsite: ☐ Y ☐ N	Cleaned before leaving ☐ Y ☐ N
Client Education signed: ☐ Y ☐ N	All release forms signed ☐ Y ☐ N
Close-out interview conducted by QCI: ☐ Y ☐ N	Any client complaints or issues ☐ Y ☐ N
Client complaints addressed ☐ Y ☐ N ☐ N/A	Follow-up needed with client ☐ Y ☐ N
Notes:	

Recommended Measures/Work Order Review	
Measure 1.	Complete ☐ Y ☐ N
Measure 2.	Complete ☐ Y ☐ N
Measure 3.	Complete ☐ Y ☐ N
Measure 4.	Complete ☐ Y ☐ N
Measure 5.	Complete ☐ Y ☐ N
Measure 6.	Complete ☐ Y ☐ N
Measure 7.	Complete ☐ Y ☐ N
Measure 8.	Complete ☐ Y ☐ N
Measure 9.	Complete ☐ Y ☐ N
Measure 10.	Complete ☐ Y ☐ N
Measure 11.	Complete ☐ Y ☐ N
Measure 12.	Complete ☐ Y ☐ N
Measure 13.	Complete ☐ Y ☐ N
Measure 14.	Complete ☐ Y ☐ N
Measure 15.	Complete ☐ Y ☐ N
Measure 16.	Complete ☐ Y ☐ N
Measure 17.	Complete ☐ Y ☐ N
Measure 18.	Complete ☐ Y ☐ N
Measure 19.	Complete ☐ Y ☐ N
Measure 20.	Complete ☐ Y ☐ N
Measure 21.	Complete ☐ Y ☐ N
Measure 22.	Complete ☐ Y ☐ N
Measure 23.	Complete ☐ Y ☐ N
Measure 24.	Complete ☐ Y ☐ N
Measure 25.	Complete ☐ Y ☐ N

General Notes/Action Required/Review

Sign Off	
Date:	BPI# Exp. Date:
Quality Control Inspector	**Credentials**