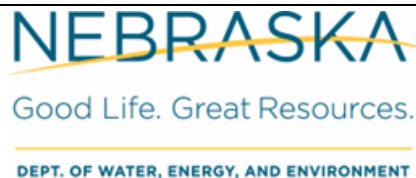


State of Nebraska WAP WX1 Quality Control Form



Agency:		Client Name:		Date:	
Job #:		Address:			
QCI:		Auditor:		Crew/Contractor:	
Funding Used: <input type="checkbox"/> LIHEAP <input type="checkbox"/> LIHEAP HCRRRA <input type="checkbox"/> DOE <input type="checkbox"/> DOE BIL <input type="checkbox"/> State Funds <input type="checkbox"/> WRF <input type="checkbox"/> One Red					
<input type="checkbox"/> Site Built <input type="checkbox"/> Mobile Home <input type="checkbox"/> Manufactured <input type="checkbox"/> Multi Family					
SHSPO Review Complete <input type="checkbox"/> Y <input type="checkbox"/> N					
NOTES:					

[https://neo.ne.gov/programs/wx/wx-sws-2022/pdf/22-045-NeWAP Field Guide and Installation Standards-2021-Rev 8-10-2022.pdf](https://neo.ne.gov/programs/wx/wx-sws-2022/pdf/22-045-NeWAP_Field_Guide_and_Installation_Standards-2021-Rev_8-10-2022.pdf)

Doors and Windows **SWS 2.0519, 3.04-3.0402**

Door(s) Replaced: <input type="checkbox"/> Y <input type="checkbox"/> N	Door(s) Repaired Sealed: <input type="checkbox"/> Y <input type="checkbox"/> N
Window(s) Replaced: <input type="checkbox"/> Y <input type="checkbox"/> N	Window(s) Repaired/Sealed: <input type="checkbox"/> Y <input type="checkbox"/> N
Storm Window(s) Replaced: <input type="checkbox"/> Y <input type="checkbox"/> N	Storm Window(s) Repaired/Sealed: <input type="checkbox"/> Y <input type="checkbox"/> N
Glass Repaired/Replaced: <input type="checkbox"/> Y <input type="checkbox"/> N	Door/Window Issues Documented: <input type="checkbox"/> Y <input type="checkbox"/> N
Door(s) Replaced with: <input type="checkbox"/> SIR <input type="checkbox"/> Beyond Repair	Windows Replaced with: <input type="checkbox"/> SIR <input type="checkbox"/> Beyond Repair
Notes: List any repairs or notes from above	

Walls **SWS 4.02**

Wall Insulation Installed: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Existing	Balloon Framed: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Wall Top/Bottom Sealed
Kneewall Ins. Installed: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Existing	Kneewall Vapor Barrier Installed: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Existing
All Walls Air Sealed (Including Garage): <input type="checkbox"/> Y <input type="checkbox"/> N	Plugs/Patching/Painting Complete: <input type="checkbox"/> Y <input type="checkbox"/> N
Density Sample Test(Walls \leq 3.5 lbs/cu ft) <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Location of Test: <input type="text"/>
Thermal Imaging: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Could not Perform	Live Kob and Tube: <input type="checkbox"/> Y <input type="checkbox"/> N
Notes: List any notes from above	

Attics SWS 1.01, 3.01, 3.0302, 4.01

Attic Insulation Added: <input type="checkbox"/> Y <input type="checkbox"/> N	Attic(s) Air-Sealed: <input type="checkbox"/> Y <input type="checkbox"/> N	Rulers Present: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Attic Access Air Sealed and Insulated: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Electrical Box Flags: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Kneewall Access Air Sealed and Insulated: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Heat Source Shielding Installed: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Insulation Documentation Posted: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Live Knob and Tube Present/Shielded: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Baffles Present: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Attic Ventilation Adequate: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
OCJ Attic(s)s Insulated: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Mobile Home Roof Blow: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	
Attic Insulated Correctly: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Roof/Ceiling Patching Correct: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	

Notes: List any info from above

Baseload Measures SWS 2.0517, 7.01-7.0304

Lighting Retrofit Complete: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	CO/Smoke Combo Detectors Installed: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
DHW Tank Replaced: <input type="checkbox"/> Y <input type="checkbox"/> N	Replaced As: <input type="checkbox"/> H&S <input type="checkbox"/> ECM <input type="checkbox"/> LIHEAP HCRRRA
DHW Tank Insulated: <input type="checkbox"/> Y <input type="checkbox"/> N	DHW Replacement Approval in File: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Water Lines Insulated: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="text" value=""/> LF	Low Flow Showerhead Installed: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Existing
Refrigerator Replaced: <input type="checkbox"/> Y <input type="checkbox"/> N	Metering Info in File: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

Notes: List any info from above

Ventilation SWS 2.5018, 6.01-6.06

All Venting Terminated Correctly: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Fan Installed Correctly: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Venting Insulated Correctly in Unconditioned Space: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Rigid Ducting Used: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Dryer Venting Installed Correctly: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Ducting Sloped Correctly: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		
Bath 1	Bath 2 <input type="checkbox"/> N/A	Bath 3 <input type="checkbox"/> N/A	Kitchen
Fan: <input type="checkbox"/> Y <input type="checkbox"/> N	Fan <input type="checkbox"/> Y <input type="checkbox"/> N	Fan <input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Vented <input type="checkbox"/> Recirculatory <input type="checkbox"/> NA
CFM: <input type="text" value=""/>	CFM: <input type="text" value=""/>	CFM: <input type="text" value=""/>	CFM: <input type="text" value=""/>
Window: <input type="checkbox"/> Y <input type="checkbox"/> N	Window: <input type="checkbox"/> Y <input type="checkbox"/> N	Window: <input type="checkbox"/> Y <input type="checkbox"/> N	Window: <input type="checkbox"/> Y <input type="checkbox"/> N

Notes: List any info from above

Subspace SWS 3.06, 4.04 Crawlspace Basement Slab

<input type="checkbox"/> Conditioned <input type="checkbox"/> Unconditioned	Ground Vapor Barrier Installed Correctly: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Piers Wrapped/Seams Sealed: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Subfloor Air Sealed: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Crawl Access Installed: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Crawlspace Insulation Installed Correctly: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Floor Insulated: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Basement Walls Insulated: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Box Sill Insulated: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Mobile Home Belly Repair: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> 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 <input type="checkbox"/> Y <input type="checkbox"/> N	Replaced as: <input type="checkbox"/> H&S <input type="checkbox"/> ECM <input type="checkbox"/> LIHEAP HCRRA	
Cooling Replacement <input type="checkbox"/> Y <input type="checkbox"/> N	Replaced as: <input type="checkbox"/> H&S <input type="checkbox"/> ECM <input type="checkbox"/> LIHEAP HCRRA	
Heat Pump Replacement <input type="checkbox"/> Y <input type="checkbox"/> N	Replaced as: <input type="checkbox"/> H&S <input type="checkbox"/> ECM <input type="checkbox"/> LIHEAP HCRRA	
Repair <input type="checkbox"/> Y <input type="checkbox"/> N	Vented correctly <input type="checkbox"/> Y <input type="checkbox"/> N	New Thermostat <input type="checkbox"/> Y <input type="checkbox"/> N
Heating Tune and Clean: <input type="checkbox"/> Y <input type="checkbox"/> N	Cooling Tune and Clean: <input type="checkbox"/> Y <input type="checkbox"/> N	

Notes: List any info from above

Distribution System SWS 3.07-3.0702, 4.05-4.0501

Ducts In: <input type="checkbox"/> Conditioned Space <input type="checkbox"/> Unconditioned Space	Duct Insulation Installed: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A R-value: <input type="text"/>								
Distribution System Modifications: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Duct Mastic/Air Sealing: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A								
Pressure Pan Readings (Optional)	<input type="text"/> pa	<input type="text"/> pa	<input type="text"/> pa	<input type="text"/> pa	<input type="text"/> pa	<input type="text"/> pa	<input type="text"/> pa	<input type="text"/> pa	<input type="text"/> pa
	<input type="text"/> pa	<input type="text"/> pa	<input type="text"/> pa	<input type="text"/> pa	<input type="text"/> pa	<input type="text"/> pa	<input type="text"/> pa	<input type="text"/> pa	<input type="text"/> pa

Notes: List info from above

Blower Door Diagnostics SWS 3.02

Pre: <input type="text"/> @50	Red Calc: <input type="text"/> @50	10% Variance Above Red Calc: <input type="text"/> @50
Is Pre Blower Door Above or At/Below 10% Variance <input type="checkbox"/> Above <input type="checkbox"/> At or Below		
After WX Infiltration Target: <input type="text"/> @50	AWIT is 90% of Pre Blower Door if Pre Blower Door is At or below Variance of Red Calc—OR-- AWIT is calculated from chart if Pre Blower Door is above Variance of Red Calc	
Crew/Contractor Pre: <input type="text"/> @50	Crew/Contractor Post: <input type="text"/> @50	QCI Final: <input type="text"/> @ 50
Notes:		

Room Pressure Diagnostics

Room Pressures (Optional):	<input type="text"/> pa <input type="text"/>	<input type="text"/> pa <input type="text"/>	<input type="text"/> pa <input type="text"/>
	<input type="text"/> pa <input type="text"/>	<input type="text"/> pa <input type="text"/>	<input type="text"/> pa <input type="text"/>
	<input type="text"/> pa <input type="text"/>	<input type="text"/> pa <input type="text"/>	<input type="text"/> pa <input type="text"/>
Zonal Pressures (Optional):	<input type="text"/> pa <input type="text"/>	<input type="text"/> pa <input type="text"/>	<input type="text"/> pa <input type="text"/>
	<input type="text"/> pa <input type="text"/>	<input type="text"/> pa <input type="text"/>	<input type="text"/> pa <input type="text"/>

Combustion Safety SWS 2.0406, 2.506-2.506.01

WX9 Completed for Pre and Post Weatherization: <input type="checkbox"/> Y <input type="checkbox"/> N	Outside Temp: <input type="text"/> Degrees
Primary Heat: <input type="checkbox"/> CAZ <input type="checkbox"/> Draft <input type="checkbox"/> CO <input type="checkbox"/> Combustion Efficiency <input type="checkbox"/> Electric <input type="checkbox"/> NA	
Water Heater: <input type="checkbox"/> CAZ <input type="checkbox"/> Draft <input type="checkbox"/> CO <input type="checkbox"/> Combustion Efficiency <input type="checkbox"/> Electric <input type="checkbox"/> NA	
Stovetop/Range: <input type="checkbox"/> CAZ <input type="checkbox"/> Draft <input type="checkbox"/> CO <input type="checkbox"/> Combustion Efficiency <input type="checkbox"/> Electric <input type="checkbox"/> NA	
Other: <input type="checkbox"/> CAZ <input type="checkbox"/> Draft <input type="checkbox"/> CO <input type="checkbox"/> Combustion Efficiency <input type="checkbox"/> NA	
Notes: List any info from above	

ASHRAE Compliance SWS 2.0518-2.0518.03

ASHRAE 62.2-2016 Building America Solution Center (pnrl.gov)		
ASHRAE Fan Installed: <input type="checkbox"/> Y <input type="checkbox"/> N	Smart Switch Installed: <input type="checkbox"/> Y <input type="checkbox"/> N	Label Installed <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA
Location: <input type="checkbox"/> Bath <input type="checkbox"/> Kitchen <input type="checkbox"/> Basement <input type="checkbox"/> Other	Post WX Red Calc : <input type="text"/> CFM	
Timer <input type="checkbox"/> Y <input type="checkbox"/> N If yes fan run time is <input type="text"/> min per hr		
Notes: List any info from above		

Software and Files NEAT MHEA MULTEAAudit in Client File: Y NAll (ECM) Measures meet SIR: Y NWork Order Reviewed: Y NInvoice(s) Reviewed: Y NRequired Client Signatures Received: Y NRequired Forms in Client File: Y NDocumentation/Photos Completed: Y NAll Diagnostic Tests Reviewed: Y N**Notes:****Measure List and Invoice**All Measures Installed: Y NBCJO Invoice verified with Audit: Y NAll Deficiencies Documented For Repair: Y N N/AIncidental Repairs Documented: Y N N/AFollow Up Needed: Y N**Client Interaction**All WX materials removed from jobsite: Y NCleaned before leaving Y NClient Education signed: Y NAll release forms signed Y NClose-out interview conducted by QCI: Y NAny client complaints or issues Y NClient complaints addressed Y N N/AFollow-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

Large empty rectangular area for notes or action items.

Sign Off

<input type="text"/>	Date: <input type="text"/>	BPI# <input type="text"/>	Exp. Date: <input type="text"/>
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Quality Control Inspector

Credentials