

State of Nebraska Weatherization Assistance Program
**LIHEAP Heating and Cooling Repair or Replacement
Quality Control Inspection Form**

Client Information and Emergency Certification

Agency: <input type="checkbox"/> BVCAP <input type="checkbox"/> CAPLSC <input type="checkbox"/> CAPMN <input type="checkbox"/> CNCAP <input type="checkbox"/> UWM <input type="checkbox"/> NENCAP <input type="checkbox"/> NWCAP <input type="checkbox"/> SENCA	Inspector Name:	Job Number:
Client Name:	Address:	Phone:
		Date:
NDEE QCI:	Sub-Grantee QCI:	Primary Fuel Type: <input type="checkbox"/> Nat. Gas <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Fuel Oil <input type="checkbox"/> Other

Heating System Emergency Verification Provided by:

Redtag Confirmation: _____
 Qualified Heating Technician: _____
 Subgrantee Personnel: _____
 Other: _____

Cooling System Emergency Verification Provided by:

Child <6 Confirmation: _____
 Person >70 Confirmation: _____
 Signed Medical Statement Confirmation: _____
 Other: _____

Health and Testing

Post-Replacement Health and Safety Testing:

Primary Heat: CAZ Draft CO Notes: _____
 Water Heater: CAZ Draft CO Notes: _____
 Other: CAZ Draft CO Notes: _____

On-Site Work Assessment

Heating System Replacement

- Yes, work appears to have been performed to manufacturers' standards and state guidelines.
- Yes, work appears to have been performed to standards, but does not reflect good workmanship.
Explain: _____
- Yes, some work was performed but NOT ALL work meets specified standards/guidelines.
Explain: _____

Cooling System Tune and Clean

- Yes, work appears to have been performed to specified standards.
- Yes, work appears to have been performed to standards, but does not reflect good workmanship.
Explain: _____
- Yes, some work was performed but NOT ALL work meets specified standards.
Explain: _____

Comments: _____

Signature

Quality Control Inspector Name (Print): _____

Sign Here  _____ Date _____

Client Completion Comments


- Client satisfied with work completed? Yes No
- Contractor's attitude satisfactory? Yes No
- Agency representative's attitude satisfactory? Yes No

Household Member's Name: _____


Comments: _____

Signatures

The work has been completed to my satisfaction. After signing this form, I understand no further work will be performed unless additional work is required by the Nebraska Department of Environment and Energy.

Sign Here  _____
Owner Signature

_____ Date

Sign Here  _____
Final Inspector Signature

_____ Date