NEBRASKA
Good Life. Great Resources.
DEPT. OF WATER, ENERGY, AND ENVIRONMENT

State of Nebraska Weatherization Assistance Program

LIHEAP Heating and Cooling Repair or Replacement Quality Control Inspection Form

FORM WX26

Client Information and Emergency Certification

Agency: ☐BVCAP ☐CAPLSC ☐CAPMN ☐CNCAP ☐UWM ☐NENCAP ☐NWCAP ☐SENCA

Inspector Name:

Job Number:

Client Name: Address: Phone:

Date:

NDEE QCI:

Sub-Grantee QCI:

Primary Fuel Type:
☐Nat. Gas ☐Propane ☐Electric ☐Fuel Oil ☐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 _____

FORM
WX26

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 Water, Energy and Environment.

Sign Here ▶ _____ _____
Owner Signature Date

Sign Here ▶ _____ _____
Final Inspector Signature Date