



State of Nebraska Weatherization Assistance Program
Quality Control Form

FORM
WX1

Agency: []BVCAP []CAPLSC []CAPMN []CAPWN []CNCS []NENCAP []NWCAP []SENCA

Inspector Name: NEO Monitor Name: Job Number:

Client Name: Address: Phone: Date:

Contractor Name: Blower Door: PRE: POST: Building Tightness Limit: Lead Safe: Knob and Tube Wiring: []YES []NO []YES []NO

Fuel Type: []Nat. Gas []Oil []Propane []Electric []Other: Combustion Appliances []Stove []Water Heater []Fireplace []Console Heater (size: Btus)

Table with columns YES, NO, and ATTIC. Rows include: Insulation Added Proper Depth, Vents (1 free ft. per 600^2), Damming, Heat Shield, Density Sample, Information at Opening (company name, date, no. of bags, square footage, R-value), Access Treated (minimum 13' X 20') R-19, KNEE WALLS (Access Treated, Information All Openings, Vapor Barrier Facing Warm Side, Density Sample, General Air Sealing), SIDE WALLS (Density Sample, General Air Sealing, Thermal Image), FOUNDATION/BASEMENTS/CRAWL SPACE (Floor Insulation, Crawl Space/Basement Wall Insulated, Sill Box Insulation (more than 2" in depth), Ledge Walls (24" on top of ground moisture barrier)), LIGHTING/CO - COMBUSTABLE DETECTORS (CFL, CO Detector, Doors, Windows, Duct Work), COMBUSTABLE APPLIANCE ZONE (CO Reading: Water Heater, Furnace, Stove/Range, Draft, Pressure, Efficiency (%), Confined Space, Test Gas Leaks, Venting)

[] All measures completed [] Some measures completed while on site [] Further measures must be completed within 10 business days

Additional Comments:

Nebraska Energy Office — White Copy Local Agency — Canary Copy Crew/Contractor — Pink Copy

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