

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"/> HFHO <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