

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: <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:
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