SUBRECIPIENT

Quality Control Inspector Final Inspection of DOE Weatherized Unit Certification Form

	Unit Identification Number/Client ID:						
					Staff Memb	er Initials	
Staff Roles:					who completed the		
Initial assessment of the unit was completed?			YES	NO			
Assessment of completed NEAT Audit or Priority List (PL)?			YES	NO			
Assessment of completed Work Order, as triggered by the NEAT Audit or PL, was performed?			YES	NO			
I, the QCI certified professional inspecting the unit, performed multiple aspects associated with this unit: (initial assessment; NEAT Audit; Work Order; etc)			YES	NO	N/A		
Results of the Final Inspection(s):	1 st Inspection		2 nd Inspection (if necessary)			3 rd Inspection (if necessary)	
Measures invoiced and/or listed on the BWR were installed?	YES	NO	YES	N	O YES	NO	
Installed measures were called for on the Work Order?	YES	NO	YES	N	O YES	NO	
Measures were installed according to the SWS/IRC standards?	YES	NO	YES	N	O YES	NO	
Subrecipient addressed all weatherization measures (no missed opportunities)?	YES	NO	YES	N	O YES	NO	
Client education and applicable instructions to installed measures were provided to client?	YES	NO	YES	N	O YES	NO	
Unit Failed Inspection (if applicable): ☐ By completing this document and signing below, I certify that I have certify that the inspection was performed in accordance with Te ("TDHCA") audit procedures, Standard Work Specifications ("SWS"), a my response(s) above, I certify that the measures invoiced or identifice either not installed or not installed in accordance with program requires.	exas Depai nd protoco ed in the B	rtment of ols approv	Housin ed by D	g and OE mo	Communi easures. As	y Affairs noted in	
Quality Control Inspector Printed Quality Control Inspector	Quality Control Inspector Signature			Failed Final Inspection Date #1			
Quality Control Inspector Printed Quality Control Inspector	Quality Control Inspector Signature			Failed Final Inspection Date #2			
Unit Passed Inspection (if applicable):							
☐ By completing this document and signing below, I certify that I hav certify that the inspection was performed in accordance with Texas De audit procedures, Standard Work Specifications ("SWS"), and protoco I certify that measures invoiced or identified in the BWR were install that this Final Inspection reflects the weatherized unit meets each of tacompleted unit.	partment of ls approveded and col	of Housing d by DOE. mplied wit	and Cor As note th progr	mmun d in m am re	ity Affairs (' y response quirements	TDHCA") s) above, . I certify	

Disclaimer: No additional DOE funds can be used on this unit once the unit has passed the final inspection and been determined complete.

Quality Control Inspector Signature

Quality Control Inspector Printed

Successful Final Inspection Date