



# TENNESSEE MANUFACTURED HOUSING SECTION I.P.I.A. Production Line Surveillance Report

Form  
A

HUD MANUFACTURED HOME PROCEDURAL AND ENFORCEMENT REGULATIONS  
24 CFR 3282.362

|               |             |       |                         |
|---------------|-------------|-------|-------------------------|
| Manufacturer: | Auditor(s): | Date: | Page: <b>1</b> of _____ |
|---------------|-------------|-------|-------------------------|

## Entry Interview and Review of Approved Design

Standard Production Rate: \_\_\_\_\_ Triggered Areas: \_\_\_\_\_

- a) Are there any changes in the manufacturer's QA Program/Manual, Accountable Personnel or standard production rate? [ Y ] [ N ]  
*If "YES", document items reviewed in comments section below.*
- b) Are there any changes to the Design Package ..... [ Y ] [ N ]  
*If "YES", document items reviewed in comments section below.*
- c) Are there any homes being produced without approved designs? ..... [ Y ] [ N ]  
*If "YES", document items reviewed in comments section below.*
- d) Was a required written POCA for Triggered Areas requested during the previous visit?..... [ Y ] [ N ]  
*If "YES", was POCA provided for IPIA review? ..... [ Y ] [ N ]* [If "Yes", attach POCA to this page]
- e) Are there any homes in the production line being built under Alternate Construction approval? ..... [ Y ] [ N ]  
*If "YES", note approval number(s). \_\_\_\_\_*
- f) Are there any outstanding "Red Tags" or "Code 3's"? [List Red Tag #, Serial #, & Reason below]..... [ Y ] [ N ]  
*If "YES", are the homes ready to be reinspected? [ Y ] [ N ]*
- g) Are there unlabeled units on the yard? [ List "Serial #" & "Reason" below ]. ..... [ Y ] [ N ]

### COMMENTS

|  |  |
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**INDIVIDUALS PRESENT DURING ENRTY INTERVIEW:**

- General Manager     Quality Mgr.     Production Mgr.
- Asst. QA     Asst. P.M.

Others: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Manufacturer's Authorized Representative

\_\_\_\_\_  
Title



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|                     |                   |             |                         |
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| Manufacturer: _____ | Auditor(s): _____ | Date: _____ | Page: <b>2</b> of _____ |
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**Inspection Summary**

|                                |                     |
|--------------------------------|---------------------|
| Date Last Unit Inspected _____ | Serial Number _____ |
|--------------------------------|---------------------|

| # of Floors Inspected _____  | # of FTC's _____                  | # of Systems _____  |                             |  |                              |                             |      |       |  |  |  |  |  |  |
|------------------------------|-----------------------------------|---|-----------------------------|--|------------------------------|-----------------------------|------|-------|--|--|--|--|--|--|
| A - Use of QA Manual         | A-1a A-1b A-2 A-3 A-4 A-5 A-6 A-7 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">Triggered Areas this Audit:</th> </tr> <tr> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <th>Area</th> <th>Level</th> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table> | Triggered Areas this Audit: |  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Area | Level |  |  |  |  |  |  |
| Triggered Areas this Audit:  |                                   |   |                             |  |                              |                             |      |       |  |  |  |  |  |  |
| Yes <input type="checkbox"/> | No <input type="checkbox"/>       |   |                             |  |                              |                             |      |       |  |  |  |  |  |  |
| Area                         | Level                             |   |                             |  |                              |                             |      |       |  |  |  |  |  |  |
|                              |                                   |   |                             |  |                              |                             |      |       |  |  |  |  |  |  |
|                              |                                   |   |                             |  |                              |                             |      |       |  |  |  |  |  |  |
|                              |                                   |   |                             |  |                              |                             |      |       |  |  |  |  |  |  |
| B - Use of Design            | B-1 B-2 B-3                       |   |                             |  |                              |                             |      |       |  |  |  |  |  |  |
| C - Use of Materials         | C-1 C-2                           |   |                             |  |                              |                             |      |       |  |  |  |  |  |  |

| Test Monitoring                    |               |                          |                          | Materials Handling Per QA Manual         |                             |
|------------------------------------|---------------|--------------------------|--------------------------|--|-----------------------------|
| Test Witnessed                     | Serial Number | OBS                      | NCU                      | Yes                                      | No                          |
| Di-electric Strength               | _____         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/>    |
| Operational                        | _____         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/>    |
| Polarity                           | _____         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/>    |
| Grounding                          | _____         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/>    |
| Smoke Alarms                       | _____         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/>    |
| Gas Manifold                       | _____         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/>    |
| Gas Appliance                      | _____         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/>    |
| Water Supply                       | _____         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/>    |
| Drain Waste Vent                   | _____         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/>    |
| Drain Flow                         | _____         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/>    |
| Egress                             | _____         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/>    |
| Test Equipment Checked             | _____         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/>    |
| Equipment Calibration Logs Checked | _____         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                 | <input type="checkbox"/>    |
|                                    |               |                          |                          | Receiving Inspection                     | <input type="checkbox"/>    |
|                                    |               |                          |                          | Storage                                  | <input type="checkbox"/>    |
|                                    |               |                          |                          | Disposition of Obsolete & N/C Materials  | <input type="checkbox"/>    |
|                                    |               |                          |                          | Truss Inspection _____                   | <input type="checkbox"/>    |
|                                    |               |                          |                          | Print Number                             |                             |
|                                    |               |                          |                          | Manufacturer's Installation Instructions |                             |
|                                    |               |                          |                          | Product Checked:                         |                             |
|                                    |               |                          |                          | Installed per installation instructions? |                             |
|                                    |               |                          |                          | yes <input type="checkbox"/>             | no <input type="checkbox"/> |

**INDIVIDUALS PRESENT DURING EXIT INTERVIEW:**      Others: \_\_\_\_\_

[ ] General Manager [ ] Quality Manager [ ] Production Manager

**NOTICE TO MANUFACTURER**

*Circled CCI #s are repetitive in nature and require immediate action by manufacturer's quality control personnel.  
'Red Tag' & Follow-up Code '3' units require correction by the manufacturer and re-inspection by IPIA prior to shipment.  
Written POCA(s) must be presented during the entry interview of the next scheduled visit.*

|   |   |       |
|---|---|-------|
| Signature of Manufacturer's Authorized Representative | Printed Name of Manufacturer's Representative | Title |
|---|---|-------|



# TENNESSEE MANUFACTURED HOUSING SECTION I.P.I.A. Production Line Surveillance Report

Form  
C

HUD MANUFACTURED HOME PROCEDURAL AND ENFORCEMENT REGULATIONS  
24 CFR 3282.362

|               |             |       |               |
|---------------|-------------|-------|---------------|
| Manufacturer: | Auditor(s): | Date: | Page:<br>3 of |
|---------------|-------------|-------|---------------|

### Production Line Stations

| Station | Serial Number | NCU | Station | Serial Number | NCU |
|---------|---------------|-----|---------|---------------|-----|
|         |               |     |         |               |     |
|         |               |     |         |               |     |
|         |               |     |         |               |     |
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|         |               |     |         |               |     |

### OFF-LINE PRODUCTION STATIONS

(List Assembly Area and Serial Number ONLY if Non-Conformance is noted)

| Assembly Area | Serial Number | NCU | Assembly Area | Serial Number | NCU |
|---------------|---------------|-----|---------------|---------------|-----|
|               |               |     |               |               |     |
|               |               |     |               |               |     |
|               |               |     |               |               |     |
|               |               |     |               |               |     |

I certify that all off-line assembly areas have been inspected.

IPIA \_\_\_\_\_ Date \_\_\_\_\_



**TENNESSEE MANUFACTURED HOUSING SECTION  
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**HUD MANUFACTURED HOME PROCEDURAL AND ENFORCEMENT REGULATIONS  
24 CFR 3282.362**

|               |             |       |                      |
|---------------|-------------|-------|----------------------|
| Manufacturer: | Auditor(s): | Date: | Page: _____ of _____ |
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**FAILURE TO CONFORM/QSI**

|  |                 |
|--|-----------------|
| Serial #: _____ Item # _____ Area Responsible _____  | Code References |
| Failure to Conform/QSI: _____  |                 |
|  |                 |
|  |                 |
|  |                 |
| <input type="checkbox"/> Labeled Unit <input type="checkbox"/> Out of Station <input type="checkbox"/> QC Inspection Complete <input type="checkbox"/> About to be Covered <input type="checkbox"/> Other: _____ |                 |
| FTC/QSI shown to: _____ Title _____ Area Observed _____  |                 |
| Repair Description: _____  |                 |

**IPIA FOLLOW-UP INVESTIGATION**

|   |                              |  |
|---|------------------------------|--|
| Next more complete applicable unit inspected results:   | FTC/QSI Closed out By: _____ | Follow-up Codes                        |
| Serial Number _____   | Date _____                   | 1. Information Only                    |
| <input type="checkbox"/> Affected * <input type="checkbox"/> Not Affected <input type="checkbox"/> N/A ** |                              | 2. Corrected During Inspection         |
| * See additional documentation    ** Not Available, see memorandum  |                              | 3. Correction & Re-inspection Required |

**MANUFACTURER'S RESPONSE**

|                                     |
|-------------------------------------|
| Root Cause Determination: _____     |
|                                     |
|                                     |
| Plan to Prevent Reoccurrence: _____ |
|                                     |
|                                     |

**CODE REFERENCES CIRCLED ARE REPETITIVE AND REQUIRE IMMEDIATE ACTION BY QUALITY CONTROL PERSONNEL  
INSPECTED UNITS INDICATED BY A FOLLOW-UP CODE ("3") REQUIRE CORRECTION AND IPIA REINSPECTION PRIOR TO SHIPMENT.**

\_\_\_\_\_  
Manufacturer's Authorized Representative

\_\_\_\_\_  
Title

|   |                         |
|---|-------------------------|
| IPIA verified that corrective actions were taken  |                         |
| Corrective action was effective: <input type="checkbox"/> YES <input type="checkbox"/> NO | _____<br>IPIA Signature |



**TENNESSEE MANUFACTURED HOME MANUFACTURER  
INSPECTION REPORT  
HUD MANUFACTURED HOME PROCEDURAL AND ENFORCEMENT  
REGULATIONS  
24 CFR 3282.362**

Form  
E

## MEMORANDUM

To: \_\_\_\_\_ General Manager

Facility: \_\_\_\_\_

From: Steven Hibner, Program Manager for Manufactured Housing.

Subject: **IPIA INSPECTION ITEM CLOSEOUT**

Date: \_\_\_\_\_

Please reference today's IPIA Inspection Report, serial number \_\_\_\_\_, item \_\_\_\_\_

For the following reason listed below, your IPIA inspector could not effectively close out the above non-conformance.

- The next applicable unit was not available for inspection.
- Multiple homes at the facility were checked and all contained the non-conformance.
- Other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You are hereby instructed to investigate this non-conformance and provide the IPIA inspector with the results of that investigation within 15 calendar days of the above date.

\_\_\_\_\_  
IPIA Inspector

cc: IPIA Headquarters



STATE OF TENNESSEE  
 DEPARTMENT OF COMMERCE & INSURANCE  
 DIVISION OF FIRE PREVENTION  
 500 James Robertson Parkway  
 Tenth Floor Davy Crockett Tower  
 Nashville, TN 37243-1162

**MANUFACTURER RESPONSE TO  
 IPIA INSPECTION ITEM CLOSEOUT**

**Form  
 F**

TO: Steven Hibner, Program Manager for Manufactured Housing

FROM: \_\_\_\_\_, General Manager

SUBJECT: **IPIA INSPECTION REPORT**

Dated: \_\_\_\_\_  
 Serial #: \_\_\_\_\_  
 Item #: \_\_\_\_\_

We have investigated this failure to conform and have determined that the unit listed below, manufactured at this facility,

did not (Further Investigation not Required),

did (Further Investigation Required,  
 Note: this form may be reproduced to document additional Non-conforming units.)

contain the same failure to conform.

|                           |                   |
|---------------------------|-------------------|
| Serial Number             | Model Designation |
| Unit Location Information |                   |
| Lot Name                  | Contact Name      |
| Address                   | Phone #           |
|                           | Alt. Phone #      |

Method used to come to the above determination:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*I certify that, to the best of my knowledge, the above information is correct;*

\_\_\_\_\_  
 General Manager

\_\_\_\_\_  
 Date

# MANUFACTURER RESPONSE TO IPIA INSPECTION ITEM CLOSEOUT SUBPART I DETERMINATION FORM

Manufacturer: \_\_\_\_\_ Serial #: \_\_\_\_\_ DOM: \_\_\_\_\_ Model: \_\_\_\_\_  
 Dealer: \_\_\_\_\_ Consumer: \_\_\_\_\_

Date Info Received: \_\_\_\_\_ Determination Made By: \_\_\_\_\_ Determination Date: \_\_\_\_\_  
 Description of Item: \_\_\_\_\_

| <input type="checkbox"/> Imminent Safety Hazard  | <input type="checkbox"/> Serious Defect  | <input type="checkbox"/> Defect  | <input type="checkbox"/> Non-Compliance  |
|--|--|--|--|
| <p><i>One Condition:</i></p> <p>a. It places an imminent and unreasonable risk of death or severe personal injury.<br/> <b>NOTE:</b> <i>It may or may not represent a failure to conform in the Standards.</i></p> | <p><i>Three Conditions</i></p> <p>a. It is a failure to comply with the Standards.</p> <p>b. It renders the home or any part thereof unfit for ordinary use for which it was intended.</p> <p>c. It results in an unreasonable risk of injury or death to occupants of the affected homes.</p> | <p><i>Two Conditions</i></p> <p>a. It is a failure to comply with the Standards.</p> <p>b. It renders the home or any part thereof unfit for ordinary use for which it was intended.</p> | <p><i>Two Conditions</i></p> <p>a. It is a failure to comply With the Standards.</p> <p>b. It is not a <i>defect, serious defect, or imminent safety hazard.</i></p> |

**SOURCE OF INFORMATION**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Customer Complaint      | <input type="checkbox"/> SAA On-Site Inspection    | <input type="checkbox"/> IPIA Reports                       |
| <input type="checkbox"/> NCSBCS Reports          | <input type="checkbox"/> Design Deviations Reports | <input type="checkbox"/> Supplier Product Alert Information |
| <input type="checkbox"/> Quality Control Records | <input type="checkbox"/> Dealer/Outside Repairs    | <input type="checkbox"/> SAA Review                         |

Is more than one home affected (class of homes)?  Yes  No

If yes, please list serial numbers of all homes affected. \_\_\_\_\_

What basis was used to determine the number of homes affected?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Consumer Complaint & Units File    | <input type="checkbox"/> Site Inspection & Service Records     | <input type="checkbox"/> Quality Control & In-Process Inspection |
| <input type="checkbox"/> Particular Employee or Mfg Records | <input type="checkbox"/> IPIA Reports & Letters                | <input type="checkbox"/> NCSBCS Audit Reports                    |
| <input type="checkbox"/> Error In Design/Deviation Report   | <input type="checkbox"/> Supplier Records & Product Alert Info | <input type="checkbox"/> Transport Damage & Delivery Inspection  |

The method we have used to determine how many units may be affected is as follows: \_\_\_\_\_

If applicable:

Indicate number of homes produced prior to the home in question that were checked for the same non-compliance. \_\_\_\_\_

Indicate the number of homes produced subsequent to the home in question that were checked for the same non-compliance. \_\_\_\_\_

was caused by  Design  Defective Material  Workmanship  
 Transit  Dealer  Homeowner

Describe in detail the source (cause) of the non-conformance: \_\_\_\_\_

Is notification required? YES  NO

Is request for waiver of notification required? YES  NO

Is correction required? YES  NO

Explain what corrective action was taken: \_\_\_\_\_

Date Completed: \_\_\_\_\_

*I certify that the above information is true and complete to the best of my knowledge. I certify that all required notification and/or repairs will be completed in full conformance to the Manufactured Housing Construction and Safety Standards. [24 CFR, Part 3282, Subpart I]*

\_\_\_\_\_  
 Manufacturer's Representative

\_\_\_\_\_  
 Date

*I agree with the method used by the manufacturer to determine the class of homes.*

\_\_\_\_\_  
 IPIA Representative

\_\_\_\_\_  
 Date







# Non-Conformance Trigger Monitoring

Form  
J

RAL 1        RAL 2        DATE    \_\_\_\_\_

Manufacturer: \_\_\_\_\_ IPIA: \_\_\_\_\_

Area of Responsibility or N/C: \_\_\_\_\_

## Performance Triggering Criteria

RAL 1: A failure to conform to the Standards or DAPIA **three** out of five days inspections.

RAL 2: A failure to conform to the Standards or DAPIA **two** out of five days inspections.

## Concentrated Monitoring

A minimum three separate floors must be inspected at each visit.

Note: Place an X in the box of the serial number containing a Non-Conformance

| 1 | DATE | SERIAL NUMBERS           |                          |                          | IPIA |
|---|------|--------------------------|--------------------------|--------------------------|------|
|   |      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      |
| 2 |      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      |
| 3 |      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      |
| 4 |      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      |
| 5 |      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      |

Document failure to conform observations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## Remedial Action Results

|        |      |   |  |  |      |
|--------|------|---|--|--|------|
| Closed |      |   |  | Continued to:                            |      |
| Date   | IPIA |   |  | RAL 2 <input type="checkbox"/> *    Date | IPIA |
|        |      |   |  | RAL 3 <input type="checkbox"/> Date      | IPIA |
|        |      | * see attached trigger monitoring sheet |  |  |      |