

ELECTRIC BASELOAD INSPECTION FORM

AGENCY _____ Date of inspection _____ Inspector's name _____

Client's name _____

Address _____ City _____ Phone _____ Mobile Home Y/N ? _____

Account # _____ Fuel history on file Y/N? _____ Average monthly electric bill \$ _____

Primary Heating Source O E N C P W (circle one) Owner or Rental ? _____ Number in household _____

LIGHTING

Existing Incandescent Lamps					Retrofit Compact Fluorescents	
Room/Location	Type	Watts	Quantity	Hrs/Day Used	CFL Retrofit Y/N?	Watt Installed

ADDITIONAL LIGHTING

Number of fixtures used more than 1 hour a day that are not CFL compatible _____ Fixture types _____

ELECTRIC WATER HEATER Y/N? _____

Existing blanket installed Y/N? _____ R -value of existing blanket _____ Existing Water Temp _____

Room to install R-11 or R-13 blanket Y/N? _____ Existing pipe insulation on hot/cold lines Y/N? _____

Install R-11 or R-13 blanket including lid Y/N? _____ Install 4-5 feet pipe insulation on hot & cold lines Y/N? _____

Reset water temperature to 120 degrees Y/N? _____ Installed low flow shower heads # _____ & aerators # _____

REFRIGERATOR REPLACEMENT

Existing type (side x side etc.) _____

Estimated age of existing unit? _____ Condition _____ Size in Cubic feet _____ Dimensions WxHxD _____

Digital Power Meter readings KWH used _____ Hours tested _____ Room temp. _____ Refrigerator temp _____

Replacement agreeable w/client Y/N? _____

Any additional refrigerators Y/N? _____ (If refrigerator is not to be replaced, clean coils and install a Power Planner).

COMPLETE THE INFORMATION BELOW FOR ELECTRICALLY HEATED HOMES ONLY

ELECTRIC SPACE HEATING

Type of heating (radiant/forced) air _____ Set back thermostat installed Y/N? _____
On forced air units: Replace filter Y/N? _____ Seal all exposed duct work Y/N? _____
Insulate exposed ductwork Y/N? _____ Clean blower assembly Y/N? _____ Replace filter Y/N? _____

SHELL MEASURES

Existing attic insulation level _____ Existing wall insulation level _____ Existing floor insulation level _____
Insulate attic to R-38 Y/N? _____ Insulate wall cavities Y/N? _____ Insulate floors over unheated areas
to R-19 Y/N? _____ Pre blower door results _____ Desired post blower door _____
Window replacement Y/N? _____ NEAT SIR results on windows _____
Door replacement Y/N? _____ NEAT SIR results on doors _____
Client/Landlord participation Y/N? _____ \$ Amount _____

Comments:

This form (or equivalent) is to be completed and included in client files on **all** homes completed