

SEND Home Energy Conservation Program Gas Cook Stove and Oven Interim Audit Form

Client Name: _____ Client/Job Application ID: _____
Client Address: _____ Auditor: _____
County: _____ Date: _____
Contractor: _____

Manufacturer of Gas Cook Stove: _____

Model of Gas Cook Stove: _____

Serial # of Gas Cook Stove: _____

Type of Gas Cook Stove: Gas LP Gas

Condition of Appliance: Excellent Good Fair Poor Not working

Gas Leaks: Yes No Contractor Repaired Pass N/A

Range Top Level: Yes No Contractor Repaired Pass N/A

Brass Flex Connector: Yes No Contractor Repaired Pass N/A

Exhaust Fan: Yes No Contractor Repaired Pass N/A

Exhaust Fan Vented to Outside: Yes No Contractor Vented to Outside Pass N/A

PPM Carbon Monoxide

Ambient CO Level – Pre _____

Ambient CO Level – Post _____

Left Rear Burner: _____

Right Rear Burner: _____

Left Front Burner: _____

Right Front Burner: _____

Oven Burner: _____