

SEND Home Energy Conservation Program Electric Furnace Interim Audit Form

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

Make of Furnace: _____

Model of Furnace: _____

Serial # of Furnace: _____

Furnace Type: Upflow Downflow Horizontal

Breakers/Fuses Correct Size: Yes No Contractor Replaced Passed N/A

Conductors Correct Size: Yes No Contractor Replaced Passed N/A

Fuse Holders/Breakers Prongs Burnt or Charred: Yes No Contractor Replaced Passed N/A

Terminals/Connections Tight/In Good Condition: Yes No Contractor Repaired Passed N/A

Overall Wiring Condition Dark/ Discolored/ Burnt: Yes No Contractor Repaired Passed N/A

Elements Operational: Yes No Contractor Repaired Passed N/A

Amperage At Each Element Measured At The Limit Switches:

E 1 _____ Amps. E 2 _____ Amps. E 3 _____ Amps. E 4 _____ Amps. E 5 _____ Amps. E 6 _____ Amps.

Sequencer Operation OK: Yes No Contractor Repaired Passed N/A

Anticipator: Measured _____ Set At _____ Reset _____

Heat Rise: _____ - _____ = °F

All Elements Run 5 Minutes: Yes No Contractor Repaired Passed N/A

All Elements Off Before Blower Shuts Down: Yes No Contractor Repaired Passed N/A

Ducts Leaky/Disconnected: Yes No Contractor Repaired Passed N/A

Ducts In Unconditioned Space: Yes No Passed N/A

Ducts In Unconditioned Space Insulated: Yes No Contractor Repaired Passed N/A

Filter Clean: Yes No Contractor Cleaned Contractor Replaced Passed N/A

Filter Size:

Blower Clean: Yes No Contractor Cleaned Passed N/A

Blower Motor Oiled: Yes No Contractor Oiled Passed N/A

Motor On Proper Speed: Yes No Contractor Increased Speed Passed N/A