

Home Energy Conservation Program Water Heater Initial Audit Form

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

EMERGENCY FOLLOW UP NEEDED

Type of Water Heater: Electric Gas L.P. Gas

Location of Water Heater: _____

Manufacturer of Water Heater: _____

Model of Water Heater: _____

Serial # of Water Heater: _____

Number of Gallons: _____

If Gas - Input: _____ Btuh

Properly Installed Temp. and Pressure Relief Valve: Yes No Contractor to Add

Gas Leaks: Yes No Auditor Repair Contractor Repair

Venting Problems: Yes No Auditor Repair Contractor Repair

Carbon Monoxide Indicators: Yes No

Carbon Monoxide: ____/____ PPM

Spillage: Yes No

Worst Case Draft / Outside Temperature: ____ wc ____°F

Water Temperature: ____°F

Water Temp Adjusted: Yes No

Final Water Temperature: ____°F