

SEND Home Energy Conservation Program Electric Furnace Initial Audit Form

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

EMERGENCY FOLLOW UP NEEDED

Make of Furnace: _____

Model of Furnace: _____

Serial # of Furnace: _____

Furnace Type: Upflow Downflow Horizontal

Breakers/Fuses Correct Size: Yes No Contractor Replace

Conductors Correct Size: Yes No Contractor Replace

Fuse Holders/Breakers Prongs Burnt or Charred: Yes No Contractor Replace

Terminals/Connections Tight & In Good Condition: Yes No Auditor Repair Contractor Repair

Overall Wiring Condition Dark/ Discolored/ Burnt: Yes No Auditor Repair Contractor Repair

Elements Operational: Yes No Auditor Repair Contractor Repair

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 Auditor Repair Contractor Repair

Anticipator: Measured _____ Set At _____ Reset _____

Heat Rise: _____ - _____ = °F

All Elements Run 5 Minutes: Yes No Auditor Repair Contractor Repair

All Elements Off Before Blower Shuts Down: Yes No Auditor Repair Contractor Repair

Ducts Leaky/Disconnected: Yes No Auditor Repair Contractor Repair

Ducts In Unconditioned Space: Yes No

Ducts In Unconditioned Space Insulated: Yes No Contractor Repair

Filter Clean: Yes No Auditor Clean or Replace Contractor Clean or Replace

Filter Size:

Blower Clean: Yes No Auditor Clean Contractor Clean

Blower Motor Oiled: Yes No Auditor Oil Contractor Oil

Motor On Proper Speed: Yes No Auditor Increased Speed