

Home Energy Conservation Program Water Heater Interim Audit Form

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

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 Added Pass N/A

Gas Leaks: Yes No Auditor Repair Contractor Repaired Pass N/A

Venting Problems: Yes No Auditor Repair Contractor Repaired Pass N/A

Carbon Monoxide Indicators: Yes No Pass N/A

Carbon Monoxide: ____/____ PPM ____/____ PPM

Spillage: Yes No Pass N/A

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

Water Temperature: ____°F ____°F

Water Temp Adjusted: Yes No Pass N/A

Final Water Temperature: ____°F ____°F