

Home Energy Monitoring Check List

Property Address	
Type of Home Energy Monitor:	Circle One: * TED 1000 * TED 5000 * Envi * Owl OTHER: _____
Number of Home Occupants:	
Installation Location:	
Internet Connection?	<input type="checkbox"/> None <input type="checkbox"/> Functional Computer Level of computer skills <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High
Inspector:	Total energy use or monthly use? Client pays electric bill? <input type="checkbox"/> No <input type="checkbox"/> Yes
Inspection Date:	<input type="checkbox"/> In Process installation <input type="checkbox"/> Completed installation

Inspection Checklist

Yes	No	N/A	General	Note
			Home Energy Monitor is installed per work order	
			Date of Installation	
Yes	No	N/A	Electrical Usage in Home	Note
			Electric Heat	
			Electric Hot Water	
			Electric Space Heater	
			Electric Clothes Dryer	
			Air Conditioner -Window	
			Air Conditioner -Central	
			Electronic Devices Rating (1-10) Low=one to two TVs; High=Plasma TV, computers, other	
Yes	No	N/A	Occupant Education	Note
			HEM is matched well with client?	
			Client(s) demonstrates they know how to use the HEM?	
			Client(s) reports they view the product? How often?	
			Agency has scheduled a follow up with the client(s)?	
			Client(s) want to keep and continue use of the HEM?	
			Was the quality of the training and demonstration of the HEM interactive	
			Was the client training respectful, patient, friendly to Q&A, and delivered in a way they could understand?	
			Was language translation offered if needed?	

Yes	No	N/A	Performance	Note
			Client believes the HEM helps them conserve energy?	
			HEM is operating correctly?	
			Client has agency contact information to call with questions or problems?	
Yes	No	N/A	Other notes	Note
			Did the client sign a release of utility usage information to the agency?	
			Did the client sign stating they received the device?	
			Any health and safety issues observed?	

Signature of Inspector

Date

Client Signature (I received the device and training to use it)

Date