



HOME ENERGY EQUIPMENT CHECKLIST

HOUSEHOLD:

DATE:

SQUARE FOOTAGE:

ADDRESS:

HEATING & COOLING SYSTEM

<input type="checkbox"/>	<u>Boiler (gas or oil)</u>	Age: <u> </u>	AFUE: <u> </u>
<input type="checkbox"/>	<u>Forced Air Furnace (gas, oil, electric, or no heat)</u>	Age: <u> </u>	AFUE: <u> </u>
<input type="checkbox"/>	<u>Air Conditioner/Heat Pump (outdoor unit)</u>	Age: <u> </u>	SEER: <u> </u> HSPF: <u> </u>
<input type="checkbox"/>	<u>Portable/Window Units</u>	Age: <u> </u>	EER: <u> </u>

CHECK:

Filter Last Service Date Duct Joints Pipe Insulation

WATER HEATER

<input type="checkbox"/>	<u>Tank (gas)</u>	Age: <u> </u>	Size: <u> </u>
<input type="checkbox"/>	<u>Tank (electric)</u>	Age: <u> </u>	Size: <u> </u>
<input type="checkbox"/>	<u>Tankless (gas)</u>	Age: <u> </u>	
<input type="checkbox"/>	<u>Tankless (electric)</u>	Age: <u> </u>	

CHECK:

Water Temperature Pipe Insulation Tank Insulation



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LIGHTING (count your bulbs)

Kitchen: LEDs: _____

Living: LEDs: _____

Dining: LEDs: _____

Office/Rec: LEDs: _____

Bed 1: LEDs: _____

Bed 2: LEDs: _____

Bath 1: LEDs: _____

Bath 2: LEDs: _____

Hallways: LEDs: _____

Outside: LEDs: _____

Room 1: LEDs: _____

Room 2: LEDs: _____

APPLIANCES/ELECTRONICS

Refrigerator Paper Door Test Age _____

Dishwasher Turn Off Dry Setting Full Load _____

Washer/Dryer Cold Water/Low Heat Full Load _____

Electronics Power Strips Turn Off _____

WINDOWS

Single Pane? Double Pane? Low-e? _____