



Household Energy Worksheet

Date

Customer Information			Project Information <input type="checkbox"/> same		
Name			Name		
Address			Address		
City	State CA	Zip	City	State CA	Zip
Telephone(s)			Telephone(s)		
Fax			Fax		
Email			Email		
General Information					
Conditioned Sq Ft			Number of occupants		
Number of stories			Weekday occupancy		
Age	Remodeled	Year			
Are there building plans?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Is there a current Title 24?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Solar Siting					
Roof Mount					
Sketch			Roof condition		
			Roof angle		
			Roof orientation		
			Dimensions		
			Shading		
Special considerations					
Ground Mount					
Area					
Shading					

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Heating & Cooling

Heating Type

Fuel	Type	Size
Brand	Model	Age
Comments	Number of zones	

Ducting

Location
Condition
Noise or draft issues
Recent leakage test

Air Conditioning

Brand	Model	Size
Age		
Does it work effectively		Amount of usage

Heating & Cooling Preferences

Weekday occupancy	
Weekend occupancy	
Current heat setting winter day	Preferred heat setting winter day
Current cool setting summer day	Preferred cool setting summer day
Are there any household members with allergies or respiratory problems?	

Hot Water

Fuel type	Gallons	Age
Brand	Model	Special usage

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Insulation		R value	Comments			
Attic						
Walls						
Floor						
Weather stripping						
Lighting						
Indoor						
Outdoor						
Appliances						
Appliance	Brand	Model	Age	Fuel	Energy Star	Replace
Refrigerator					<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Freezer					<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Dishwasher					<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Clothes Washer					<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Clothes Dryer					<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

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