

IBA Home Energy Conservation Program Water Heater Form for Auditors & Contractors (2011)

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

EMERGENCY FOLLOW UP NEEDED Site Built Mobile Home

Type of Water Heater: Electric Gas L.P. Gas Tankless Power Vent

Location of Water Heater: _____ Manufacturer of Water Heater: _____

Model of Water Heater: _____ Serial # of Water Heater: _____

Number of Gallons: _____ If Gas - Input: _____ Btuh

Initial Auditor Name: _____ Initial Audit Date: _____	Contractor Name: _____ Service Date: _____	Interim Auditor Name: _____ Service Date: _____	Final Auditor Name: _____ Inspection Date: _____
Is water heater free of leaks: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Replace	<input type="checkbox"/> Yes <input type="checkbox"/> Replaced	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass/N/A
Is the water heater level: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Level	<input type="checkbox"/> Yes <input type="checkbox"/> Replaced	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass/N/A
Properly Installed TPR Valve: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Install / Replace	<input type="checkbox"/> Yes <input type="checkbox"/> Installed	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass/N/A
TPR Installed properly piped? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Install / Repair	<input type="checkbox"/> Yes <input type="checkbox"/> Installed	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass/N/A
Properly Installed Drop Tube: (must be within 6" of the floor) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Install / Replace	<input type="checkbox"/> Yes <input type="checkbox"/> Installed	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass/N/A
Water Heater Construction: <input type="checkbox"/> Foam <input type="checkbox"/> Fiberglass			
Water Heater Blanket: <i>(install on non-foam filled units only, must be secured with mechanical fasteners)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Add	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Installed	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass/N/A
Pilot System Working Properly: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Repair	<input type="checkbox"/> Yes <input type="checkbox"/> Repaired <input type="checkbox"/> N/A	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A	<input type="checkbox"/> Pass/N/A
Water Temp: _____ °F Adjusted: <input type="checkbox"/> Yes <input type="checkbox"/> No Final Water Temp: _____ °F	Water Temp: _____ °F Adjusted: <input type="checkbox"/> Yes <input type="checkbox"/> No Final Water Temp: _____ °F	Water Temp: _____ °F Adjusted: <input type="checkbox"/> Yes <input type="checkbox"/> No Final Water Temp: _____ °F	Water Temp: _____ °F Adjusted: <input type="checkbox"/> Yes <input type="checkbox"/> No Final Water Temp: _____ °F