



An AEP Company

Walk Through Assessment

Below is a summary of the findings and recommended improvements from the energy assessment of your home. SWEPCO provides a number of incentives for energy efficiency improvements. Ask your contractor which incentives are most applicable to the recommended improvements for your home. Or, call an Energy Advisor at 1-888-266-3130 or visit SWEPCO.com/ARsaves for guidance.

Auditor Information									
Company Name:				Assessment Date:					
Auditor:				Project # (if reservation reserved):					
Homeowner and Property Information									
First Name:			Last Name:						
Project Site Address: ¹									
City:			State:			Zip:			
SWEPCO Account #:									
Primary Phone:				E-mail Address:					
Year Home was Built:			Square Footage:			# of Residents:			
<small>¹ Address must be an active SWEPCO account.</small>									
General Home Information (G = Good, IR = Improvement Recommended, NP = Not Present)									
	G	IR	NP	Existing Condition			Comments / Recommendations		
Envelope									
Ceiling Insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thickness (inches)					
				Type					
Wall Insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Type (if known)					
Air Infiltration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sources of Leakage		Fireplace Flue <input type="checkbox"/> Open <input type="checkbox"/> Closed			
				<input type="checkbox"/> Outlets <input type="checkbox"/> Windows <input type="checkbox"/> Doors <input type="checkbox"/> Plumbing/Electrical					
Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Metal Frame <input type="checkbox"/> Metal w/Break <input type="checkbox"/> Wood <input type="checkbox"/> Vinyl					
				# of panes:		LowE <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Shading or solar screens present									
HVAC System									
Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unit 1		Unit 2			
				Type		Type			
				SEER		SEER			
				HSPF		HSPF			
				Size		Size			
Last Service Date:		Clean Filter(s) <input type="checkbox"/> Yes <input type="checkbox"/> No							
Thermostat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Programmable <input type="checkbox"/> Yes <input type="checkbox"/> No		Setpoint:			
Duct System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulation present <input type="checkbox"/> Yes <input type="checkbox"/> No					
				Air distribution <input type="checkbox"/> Good <input type="checkbox"/> Moderate <input type="checkbox"/> Poor					
				R-value		Duct Type <input type="checkbox"/> Rigid <input type="checkbox"/> Flex			
Sealant present <input type="checkbox"/> Yes <input type="checkbox"/> No									
Hot Water System									
Water Heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	kWh/yr		<input type="checkbox"/> Jacket insulation present			
				Gallons		<input type="checkbox"/> Pipe insulation present			
				Age		<input type="checkbox"/> Recirculation pump present			
				Water Heater Type		<input type="checkbox"/> Electric <input type="checkbox"/> Gas			
Temp Settings (F):									
Interior									
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ENERGY STAR® <input type="checkbox"/> Yes <input type="checkbox"/> No					
				More than 10 yrs old <input type="checkbox"/> Yes <input type="checkbox"/> No					
Clothes Washer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ENERGY STAR® <input type="checkbox"/> Yes <input type="checkbox"/> No					
				More than 10 yrs old <input type="checkbox"/> Yes <input type="checkbox"/> No					
Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CFLs or LEDs <input type="checkbox"/> Yes <input type="checkbox"/> No					
Notes:									
<input type="checkbox"/> Send to CLEARResult									
Signatures									
Customer _____			Date _____		Auditor _____			Date _____	