

Name of the Institution :	
Auditor:	Project Advisor :
GE3 – HOME ENERGY PRELIMINARY AUDIT	
Customer Name:	Address:
EB Card No.:	
Do you feel, you pay a lot for electricity – Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have the knowledge of equipment that contribute for higher billing - Yes <input type="checkbox"/> No <input type="checkbox"/>	
What is the type of supply used in your home - 3ph <input type="checkbox"/> 1ph <input type="checkbox"/>	
Is your Annual Electricity Cost – B10K <input type="checkbox"/> 10K to 20K <input type="checkbox"/> A20K <input type="checkbox"/>	
Do you frequently clean the filter of air conditioner – Yes <input type="checkbox"/> No <input type="checkbox"/>	
How often you will regularate the refrigerator – Regular <input type="checkbox"/> Partial <input type="checkbox"/> Nil <input type="checkbox"/>	
Whether you follow the rules for efficient use of refrigerator to store all the items – Yes <input type="checkbox"/> No <input type="checkbox"/>	
How many times do you open and close the refrigerator in a day? B 10 <input type="checkbox"/> Bet 10-20 <input type="checkbox"/> A 20 <input type="checkbox"/>	
Are You Utilizing the washing machine to full load capacity – Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you have habit of switching off all the equipments, when not in use – Yes <input type="checkbox"/> No <input type="checkbox"/>	
Quantify the power wastage in your house B5% <input type="checkbox"/> B10% <input type="checkbox"/> B20% <input type="checkbox"/> A20% <input type="checkbox"/>	
Do you have knowledge regarding the star rated equipments - Yes <input type="checkbox"/> No <input type="checkbox"/>	
Mention the percentage of star rated equipments used in your house – Nil <input type="checkbox"/> [> 50] <input type="checkbox"/> [50 <] <input type="checkbox"/>	
Weather House connected with balanced 3phase load – Yes <input type="checkbox"/> No <input type="checkbox"/>	
Average voltage level of your house – Below 200 <input type="checkbox"/> Bet 201-215 <input type="checkbox"/> Bet 216-225 <input type="checkbox"/> Above 230	
Are you happy with quality of power delivered to your house - Yes <input type="checkbox"/> No <input type="checkbox"/>	
Present Life of heavy equipments B5Y <input type="checkbox"/> Bet5to10Y <input type="checkbox"/> A10Y <input type="checkbox"/>	

Are you aware of Earthing condition in your house – Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have of aware of basic trouble shooting of household appliance Yes <input type="checkbox"/> Partial <input type="checkbox"/> No <input type="checkbox"/>	
Have you aware ‘how to escape from electric shock’ - Yes <input type="checkbox"/> No <input type="checkbox"/>	
Average usage of lighting in No of hours/day B5H <input type="checkbox"/> Bet 5to10H <input type="checkbox"/> Bet 10to15H <input type="checkbox"/> A20H <input type="checkbox"/>	
Average usage of Fan in No of hours/day B5H <input type="checkbox"/> Bet 5to10H <input type="checkbox"/> Bet 10to15H <input type="checkbox"/> A20H <input type="checkbox"/>	
Mention the regular electrical fault occur in your house	
No. of Lights utilized more than 10 hour Nil <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four <input type="checkbox"/>	
Availability of Inverter in your House - Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you ready to accept and implement our 9 Mantras to Save One Unit Per Day - Yes <input type="checkbox"/> No <input type="checkbox"/>	
Consumer Feedback :	
Signature	
Club Advisor Signature:	
Signature	
Signature of Auditor :	
Dept. Head	External Advisor