

# IBA Home Energy Conservation Program Electric Furnace Form for Auditors & HVAC

Client Name: \_\_\_\_\_ Client/Job Application ID: \_\_\_\_\_  
 Client Address: \_\_\_\_\_ County: \_\_\_\_\_

EMERGENCY       FOLLOW UP NEEDED       Mobile Home       Site Built

Make of Furnace: \_\_\_\_\_ Model of Furnace: \_\_\_\_\_  
 Serial # of Furnace: \_\_\_\_\_ Furnace Type:  Upflow  Downflow  Horizontal

## ITEMS MARKED CONTRACTOR TO REPAIR & REPLACE MUST BE INCLUDED ON WORK ORDER

**Initial Auditor:** \_\_\_\_\_  
**Initial Audit Date:** \_\_\_\_\_

**Contractor:** \_\_\_\_\_  
**Service Date:** \_\_\_\_\_

**Inspection Auditor:** \_\_\_\_\_  
**Inspection Date:** \_\_\_\_\_

**Breakers/Fuses at furnace Correct Size:**

Yes  No  Replace  Unable to determine

Yes  Replaced

Pass  Fail  N/A

**Breakers/Fuses at breaker panel/fuse box Correct Size:**

Yes  No  Replace  Unable to determine

Yes  Replaced

Pass  Fail  N/A

**Conductors Correct Size:**

Yes  No  Replace  Unable to determine

Yes  Replaced

Pass  Fail  N/A

**Fuse Holders/Breakers Prongs Burnt or Charred:**

Yes  No  Replace

No  Replaced

Pass  Fail  N/A

**Terminals/Connections Tight & In Good Condition:**

Yes  No  Repair

Yes  Repaired

Pass  Fail  N/A

**Overall Wiring Condition Dark/ Discolored/ Burnt:**

Yes  No  Repair

No  Repaired

Pass  Fail  N/A

**Is there a working digital thermostat:**  Yes  No  
 THERMOSTAT  Replace  N/A

Yes  
 Replaced

Pass  Fail  N/A

**Elements Operational:**

Yes  No  Repair  Unable to determine

Yes  Repaired

Pass  Fail  N/A

**Amperage At Each Element Measured At The Limit Switches:**

Contractor to Test and Repair if Necessary

E1 \_\_\_ Amps E4 \_\_\_ Amps  
 E2 \_\_\_ Amps E5 \_\_\_ Amps  
 E3 \_\_\_ Amps E6 \_\_\_ Amps

**Heat Rise:**

(Supply): \_\_\_ - (Return): \_\_\_ = \_\_\_ ° F (Delta T)

(S): \_\_\_ - (R): \_\_\_ = \_\_\_ ° F (Delta T)

(S): \_\_\_ - (R): \_\_\_ = \_\_\_ ° F (Delta T)

**All Elements Run 5 Minutes:**

Yes  No  Repair  Unable to determine

Yes  Repaired

Pass  Fail  N/A

**Ducts Leaky/Disconnected:**

Yes  No  Repair

No  Repaired

Pass  Fail  N/A

**Ducts In Unconditioned Space Insulated:**

Yes  No  Contractor Repair  N/A

Yes  Repaired

Pass  Fail  N/A

**Filter Clean**

**Filter Size:** \_\_\_\_\_

Yes  No  Clean or Replace

Yes  Cleaned or Replaced

Pass  Fail  N/A

**Is the Blower Clean:**

Yes  No  Clean

Yes  Cleaned

Pass  Fail  N/A

**Blower Motor Oiled:**

Yes  No  Oil

Yes  Oiled  N/A

Pass  Fail  N/A

**Is the Motor On Proper Speed:**

Yes  No  Repair  Unable to Determine

Yes  Adjusted

Pass  Fail  N/A