

My Home Energy Audit

Name _____ Date _____

Time of Audit _____

Room	How many lights are there? Can you see what kind of lights they are? If so, draw the bulb.	List the appliances in this room. If the appliance is actually on or in use when you conduct this audit, put a circle around the word.	How many radiators?
Kitchen			
Lounge			
Bedroom			
Bedroom			
Bathroom			
Other Room			
Other Room			

