

Intellihot Audit Form



Intellihot

Customer Contact: _____

Therm (Gas) Rate: _____

Gas Utility: _____

Building/Business Type: _____

Project Details:

Site Name: _____

Street: _____

City, State, Zip: _____

Date: _____

Project Information:

Incoming Water Temp: _____

Fixture Temp: _____

Unit Setpoint: _____

Altitude if over 2,000 ft: _____

Building Information:

How Many Rooms: _____

Public Lavatories: _____

Domestic Kitchen Sink: _____

Slop Sink: _____

Domestic Clothes Washer: _____

Commercial Dishwasher: _____

1-Compartment Sink: _____

3-Compartment Sink: _____

Domestic Dishwasher: _____

Commercial Washer 60 lb: _____

Commercial Washer 100 lb: _____

Existing Equipment:

Current Equipment: _____

Existing Manufacturer: _____

Existing Model Number: _____

Current Input BTU/h Total: _____

Current Storage (Gallons): _____

RETURN THIS FORM TO:

David Keyes

dkeyes@intellihot.com

513-313-1252