AEP Ohio HELP
Program Inspection Form

Inspection Guidelines:

Inspection Categories	Items Evaluated
Customer Service	• Presentation and professionalism • Scale of overall satisfaction
Customer Education	• Explanation of Program and services • Referrals to other Programs
Install Procedures	Procedures followed
Missed Opportunities	Opportunities where additional product could have been installed, or additional savings recommendations that could be made to customer
Installation Verification	• Installed product/equipment description matches eSuite • Installed product/equipment quantities match eSuite • Equipment ratings (size, capacity, etc.) match eSuite • No product was left behind uninstalled • Products are installed in accordance with Program Installation Standards

Direct Install Measures:

Measure	Photo of Install?	Result	Notes:
Lighting	○Y /○N	○P /○F	Reported Qty: _____ Installed Qty: _____
Aerators	○Y /○N	○P /○F	Reported Qty: _____ Installed Qty: _____
Showerheads	○Y /○N	○P /○F	Reported Qty: _____ Installed Qty: _____
Power Strips	○Y /○N	○P /○F	Reported Qty: _____ Installed Qty: _____
WiFi Smart Thermostats	○Y /○N	○P /○F	Reported Qty: _____ Installed Qty: _____
Air Purifier	○Y /○N	○P /○F	Reported Qty: _____ Installed Qty: _____
Pipe Insulation	○Y /○N	○P /○F	Reported Qty: _____ Installed Qty: _____

Miscellaneous / Health and Safety Measures:

Measure Description	Photo of Install?	Result	Notes
	○Y /○N	○P /○F	
	○Y /○N	○P /○F	
	○Y /○N	○P /○F	

Appliance Measures:

Measure	Photo of Install?	Result	Notes
Refrigerator	○Y /○N	○P /○F	
Freezer	○Y /○N	○P /○F	

HVAC & Hot Water Measures

Measure	Photo of Install?	Result	Notes
Heat Pump Water Heater	○Y /○N	○P /○F	
Heat Pump	○Y /○N	○P /○F	Installed SEER2: _____ Installed HSPF2: _____
Mini-Split Heat Pump	○Y /○N	○P /○F	Installed SEER2: _____ Installed HSPF2: _____

Envelope Measures:

Measure	Photo of Install?	Result	Notes
Air Sealing Good Coverage Access Insulated	○Y /○N	○P /○F	
Duct Sealing Unconditioned Space Good Coverage	○Y /○N	○P /○F	
Attic Insulation	○Y /○N	○P /○F	Pre-R: _____ Added R: _____
Floor Insulation	○Y /○N	○P /○F	Pre-R: _____ Added R: _____
Wall Insulation	○Y /○N	○P /○F	Pre-R: _____ Added R: _____
Basement/Sidewall Insulation	○Y /○N	○P /○F	Pre-R: _____ Added R: _____
Rim Joist Insulation	○Y /○N	○P /○F	Pre-R: _____ Added R: _____

Summary:

Measure	Results	Notes
Were any eligible measures missed?	○Y / ○N	
Was the customer satisfied with the service provided?	○Y / ○N	
Were there any customer complaints or concerns noted?	○Y / ○N	
Does this Project pass the Inspection?	○Y / ○N	
Does this Project need additional attention?	○Y / ○N	
List areas that require contractor remediation:		

Other Notes:

Inspector Printed Name:

Inspector Signature:

Date: