

Company Logo

1 Solar Heating Company
(555) 555-5555

SOLAR WATER HEATING SITE ASSESSMENT REPORT

Date of Assessment: _____ Installer/Assessor: _____

Time of Inspection: _____ Weather Conditions: _____

BUILDING OWNER AND LOCATION

Name: _____

Address: _____

Home Phone: _____

Mobile Phone: _____

Email: _____

LOCATION INFORMATION

Latitude: _____ Longitude: _____ Declination: _____

Record Low Temperature: _____ Record High Temperature: _____

Property Type: ☐ Existing Construction ☐ New Construction ☐ Seasonal Use Only
☐ One-Family Dwelling ☐ Multifamily Dwelling ☐ Apartments
☐ Commercial

Solar System Use: ☐ Domestic Hot Water ☐ Swimming Pool Heating ☐ Space Heating

Additional Comments: _____

EXTERIOR INSPECTION

UTILITIES LOCATION

Power/Telephone Lines: _____

Water: _____

Gas: _____

Electric: _____

Exterior Safety Assessment: _____

Existing Damage to Exterior of Building: _____

COLLECTOR LOCATION

Roof Mounting: _____
Ground Mounting: _____

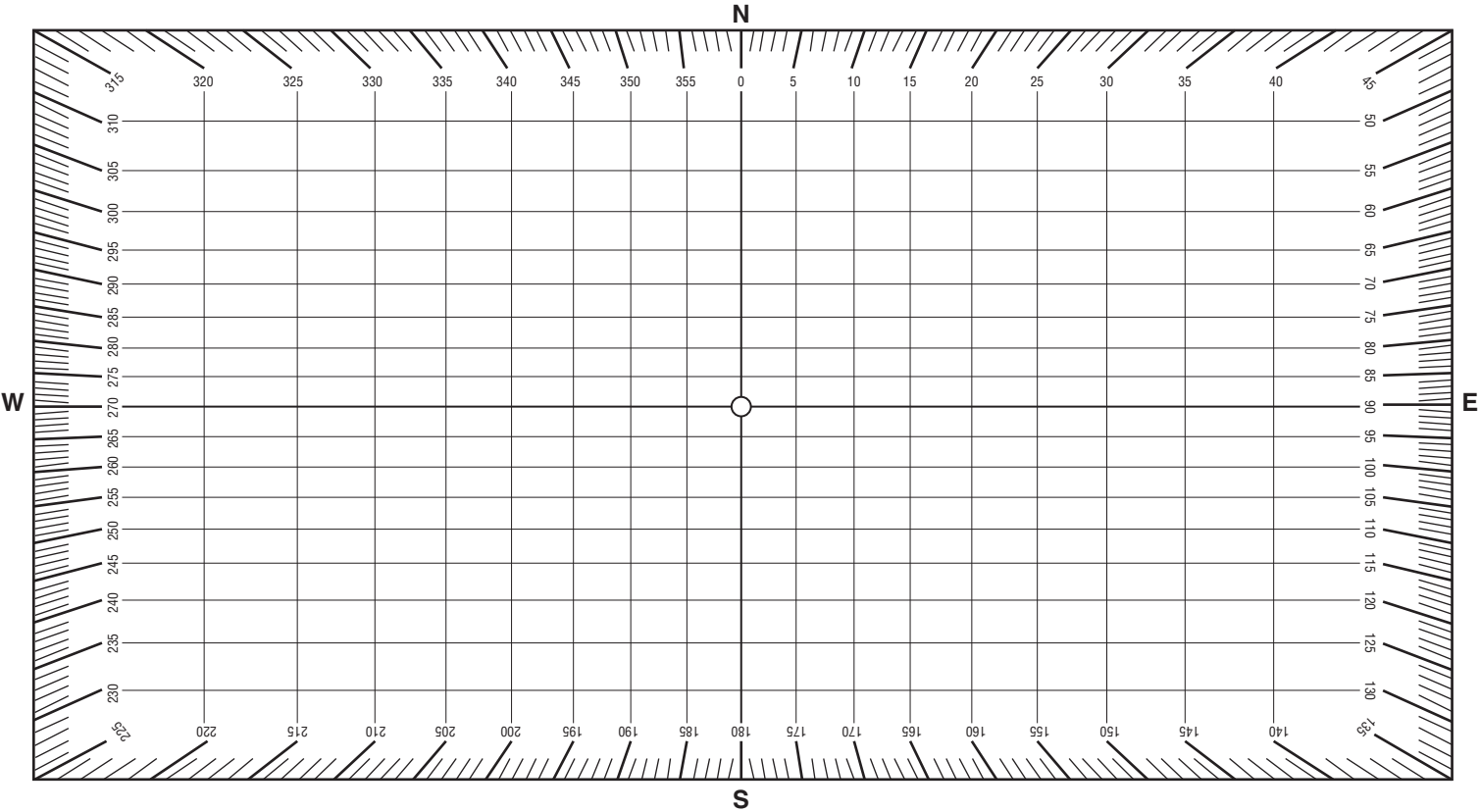
SHADING

Visual Roof: _____
Visual Ground: _____

ROOF CONSTRUCTION

Roof Type: _____
Roof Orientation (Azimuth): _____
Roof Angle: _____
Optimum Angle at Location: _____ Winter: _____
Roof Height: _____
Size (length x width): _____
Obstruction on Roof: _____
Condition of Roof: _____
Mounting Type Recommended: ☐ Stand-off Mount ☐ Tilt Mount ☐ Flush Mount
Additional Comments: _____

SITE DRAWING



INTERIOR INSPECTION

Roof Collector Location Inspection: _____

Interior Safety Assessment: _____

Rafter or Truss Size and Spacing: _____

MECHANICAL ROOM OR SPACE

Size: _____ Comments: _____

Door Size: _____ Comments: _____

Electric/Gas Availability and Location: _____

Piping Access to Roof: _____ Distance to Collectors: _____

Additional Comments: _____

EXISTING WATER HEATER

Size: _____ Fuel Type: _____ Age: _____ Condition: _____

Retrofit Possible: _____

Piping Type: _____

Clothes Washer: _____ Dishwasher: _____

Large Volume Fixtures: _____

Gallons per Day Estimate: _____

Desired Hot Water Temperature: _____

Incoming Cold Water Temperature: _____

Estimated Solar Loop Length: _____

Additional Comments: _____

DOMESTIC HOT WATER USE

Water Source: ☐ City ☐ Well Incoming Water Pressure: _____

Occupants: _____ Guests/Future Occupants: _____

Number of Bedrooms: _____ Future: _____ Number of Bathrooms: _____

Additional Comments: _____

SWIMMING POOL HEATING

Pool Location: ☐ Outdoor ☐ Indoor

Pool Operating Period: _____

Open Date: _____ Close Date: _____

Desired Pool Temperature: _____

Existing Heating System: ☐ Yes ☐ No Type of Fuel: _____

Storage System Needed: ☐ Yes ☐ No If Yes, Size Required: _____

Storage Location: _____

Estimated Solar Loop Length: _____

Additional Comments: _____

SPACE HEATING

Existing Heating System: ☐ Forced Air ☐ Radiant Floor ☐ Radiant Baseboard ☐ Other

A/C: ☐ Yes ☐ No

Size of Heated Area: _____

Describe the type of space heating system that will use the solar heating system: _____

Desired Hot Water Temperature: _____

Existing Cold Water Temperature: _____

Storage System Needed: ☐ Yes ☐ No If Yes, Size Required: _____

Storage Location: _____

Estimated Solar Loop Length: _____

Additional Comments: _____
