

-
- Pre-Installation Inspection
-
-
- Post Installation Inspection

Site Inspection Form

Customer Information

Customer: _____	Date: _____
Address: _____	City: _____
Day Phone: _____	Eve #: _____
Notes (<i>Dog, Locked Gate, Etc.</i>): _____	

Project Application Proposed System Information

Contractor: _____		Phone #: _____	
KWAC: _____	Array Orientation: <input type="checkbox"/> E <input type="checkbox"/> SE <input type="checkbox"/> S <input type="checkbox"/> SW <input type="checkbox"/> W <input type="checkbox"/> Flat/Horizontal		
Array Slope: _____	Mounting Type: <input type="checkbox"/> Main Bldg. Roof <input type="checkbox"/> Outbuilding Roof <input type="checkbox"/> Ground		
Inverter Qty: _____	Inverter Platform: <input type="checkbox"/> Backup <input type="checkbox"/> Non-Backup <input type="checkbox"/> Combination		
Inverter Location:	<input type="checkbox"/> I/D - Main Bldg. <input type="checkbox"/> I/D - Outbuilding <input type="checkbox"/> O/D - Shaded <input type="checkbox"/> O/D - Unshaded <input type="checkbox"/> Other		
AC Disconnect & PV Meter Location:	<input type="checkbox"/> Within 10' of Revenue Meter <input type="checkbox"/> Other Note: _____		
Notes (<i>Shade, Location Waiver Request, Etc.</i>): _____			

Inverter Location Details

	Inverter Type #1	Inverter Type #2	Inverter Type #3
Proposed Inverter Model:			
Proposed Inverter Qty:			
AC Voltage:			
Platform:	<input type="checkbox"/> Backup <input type="checkbox"/> Non-Backup	<input type="checkbox"/> Backup <input type="checkbox"/> Non-Backup	<input type="checkbox"/> Backup <input type="checkbox"/> Non-Backup
Indoor Location:	<input type="checkbox"/> Main Building <input type="checkbox"/> Outbuilding <input type="checkbox"/> Conditioned Space <input type="checkbox"/> Unconditioned Space <input type="checkbox"/> Garage Location Description: _____		
Outdoor Location:	<input type="checkbox"/> Main Building <input type="checkbox"/> Outbuilding <input type="checkbox"/> Ground Mount <input type="checkbox"/> Shaded <input type="checkbox"/> Unshaded <input type="checkbox"/> Other Location Description: _____		
24 Hr. Accessible Location?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Inaccessible, Describe: _____	
Notes: _____			

Customer: _____	Date: _____
-----------------	-------------

Customer: _____	Date: _____
-----------------	-------------

Site Survey Information

Photos:		<input type="checkbox"/> Front of House	<input type="checkbox"/> Electric Service	<input type="checkbox"/> Array Location(s)	<input type="checkbox"/> Inverter Location(s)
		<input type="checkbox"/> PV Meter Location(s)	<input type="checkbox"/> AC Disconnect Location(s)	<input type="checkbox"/> Shading Source(s)	<input type="checkbox"/> Other
		Array Segment #1	Array Segment #2	Array Segment #3	Array Segment #4
Array Location Details	Proposed Module Type:				
	Proposed Module Qty:				
	*Orientation (Degrees):				
	Slope (Degrees):				
	Existing Structure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Description (House, Barn, Ground, Etc.):				
	Obvious Shading?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Shade Source:				
	Pathfinder Verified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Shade Loss %:	%	%	%	%

Notes: _____

* Actual Array Orientation in Degrees relative True North. (For Reference: North = 0; East = 90; Southeast = 135; South = 180; Southwest = 225; West = 270)

AC Disconnect & Generation Meter Location Details

General Location:	<input type="checkbox"/> Within 10' of Revenue Meter			<input type="checkbox"/> Main Building	<input type="checkbox"/> Outbuilding	<input type="checkbox"/> Free Standing
	Location Description: _____					
24 Hr. Accessible Location?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Inaccessible, Describe: _____				
Notes: _____						

For Rocky Mountain Power Office Use Only

Inspection completed by: _____
Date application received: _____