

Senior Living Energy Accessibility Audit

Facility Information

Facility Name

Address

Contact Person

Contact Phone

General Assessment

Date of Audit

Auditor(s)

Energy Accessibility Assessment

| Assessment Area | Assessment | Notes/Comments |
|---------------------------------|----------------------|----------------------|
| Entrance Lighting | <input type="text"/> | <input type="text"/> |
| Interior Lighting | <input type="text"/> | <input type="text"/> |
| Emergency Backup | <input type="text"/> | <input type="text"/> |
| Electrical Outlet Accessibility | <input type="text"/> | <input type="text"/> |
| HVAC Controls | <input type="text"/> | <input type="text"/> |

| | | |
|----------------------------|----------------------|----------------------|
| Access to Renewable Energy | <input type="text"/> | <input type="text"/> |
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Accessibility Barriers (Describe any)

Recommendations

Additional Notes