

# School Classroom Electrical Consumption Audit Form

## Classroom Information

School Name

Classroom / Room Number

Auditor Name

Date

## Appliance Inventory

Appliance	Quantity	Power Rating (Watt)	Hours Used Per Day
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Lighting

Number of Light Fixtures

Type of Lights (e.g. LED, Fluorescent)

Average Hours On Per Day

## Observations

Notes / Observations

**Recommendations**

Suggestions for Reducing Consumption