Hospital Medical Equipment Energy Audit Checklist

| Audit Date | | | | | | | | |
|-------------------|-----------------------------|------------|--------------------------|-----------------------------|-----------------|--|-----------------------|-----------------------|
| Auditor Nam | e | | | | | | | |
| Department / | / Area | | | | | | | |
| Equipment Name | Model / Serial No. | Quantity | Rated Power (Watt) | Operating Hours / Day | Days / Month | Estimated Monthly Energy Consumption (kWh) | Operational Status | Comments / Actions |
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| Overall Obse | ervations | s / Recomn | nendatio | ens | , | | | |
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| Auditor Sign | ature | | | | | | | |
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