

Compressed Air System Energy Audit Inspection Form

Facility Information

Facility Name:

Location:

Date of Audit:

Auditor(s):

Compressed Air System Description

Total Number of Compressors:

System Pressure (psi/bar):

Main Uses of Compressed Air:

Estimated Compressor Runtime (hrs/day):

Compressor Details

#	Type	Make/Model	Rated Power (kW/HP)	Operating Pressure	Capacity (CFM/LPM)	Service Hours
1						
2						
3						

System Components Overview

Dryers:

Filters:

Storage Receivers (Volume):

Piping Material / Condition:

Number of End Use Points:

Measurements & Observations

No-load/Load Power Draw (kW):

Pressure Fluctuations (Min/Max):

Observed Leaks (Location/Severity):

Unusual Noises or Vibrations:

Audit Findings & Recommendations

Improvement Opportunities:

Estimated Potential Savings:

Additional Comments:

Sign Off

Auditor Name:

Date: