



Domestic Energy Survey

Survey Form

1. Consumer Details

a. Name of Consumer	Jayin AR
b. Number of Family Members	4
c. Whether own building or Rental Basis	Own Building/Rental

2. House building details (draw Building Plan in top view in the last page)

A. House building type	Concrete/Tiled Roof/Sheet Roof
b. No. of floors and total floor area	2 floors
c. Total building area	

3. Electricity Connection details

a. Consumer Number	
b. Name of Electrical section	
c. Connected Load in Watts	
d. Connection phase (Three/single)	three
e. Last month bill amount Rs.	
f. Last month energy consumption (kWh or units)	
g. Average energy consumption (kWh or units)	

4. Electrical Installation Details

a. Type of Earthing	Plate Earthing/Pipe Earthing
b. Control Systems	ELCB/RCCB
c. No. of MCBs	
d. Type of Energy meter	Electromechanical type/Digital/TOD

5. Light Loads

a. Ordinary Incandescent Bulbs

Type	15 W	25W	40W	60W	100W
Numbers					
Make					
Daily Usage in hrs.					

b. C.F.L.

Type	5-8 W	10-15 W	18-20 W	20 W & Above (specify Wattage)
Numbers				
Make				
Daily Usage in hrs.				

c. Fluorescent Tube

Type	T 12/ T8 With Electromagnetic Ballast	T 12/ T8 With Electronic Choke	T 5
Numbers			
Make			
Daily Usage in hrs.			

d. LED

Type	1-3 W	5-7 W	9-10 W	20 W & Above (specify Wattage)
Numbers				
Make				
Daily Usage in hrs.				

6. Fan

a. Ceiling Fan

Room Type	Corridor	Hall	Dining room	Bedrooms	Kitchen	Others
Numbers						
Make						
Power Consumption						
Type of Regulator (resistive/ Electronic)						
Daily Usage in hrs.						
Year of purchase						



b. Table Fan

Room Type	Corridor	Hall	Dining room	Bedrooms	Kitchen	Others
Numbers						
Make						
Power Consumption (Watts)						
Daily Usage in hrs.						
Year of purchase						

c. Reuse of fan after rewinding Yes No

7. Television

Type	CRT	LCD/ LED
Numbers		
Make		
Daily Usage in hrs.		
Year of purchase		
Power Consumption (Watts)		

8. Refrigerator

Type	Single Door	Double Door
Numbers		
Make		
Start Rating		
Year of purchase		
Power Consumption (Watts)		

9. Air Conditioner

Type	Window Type	Split Type
Numbers		
Make		
Capacity in TR		
Set Temperature		
Room Size (l*b*h)		
Star Rating		
No of operating days in a month		
Operating Hours in a day		
Year of purchase		
Power Consumption (Watts)		



10. Washing Machine

Type	Top Loading		Front Loading
	Full Automatic	Semi Automatic	
Capacity in Kg			
Make			
Operating Hours in a week			
Star Rating			
Year of purchase			
Power Consumption (Watts)			

11. Water Heater

Type			
	Automatic	Manual	
Capacity in kW			
Operating Hours in a day			
Star Rating			
Year of purchase			

12. Water Pump

Type	Normal	Submersible pump
Capacity in HP		
Make		
Operating Hours in a day		
Power Consumption (Watts)		
Star Rating		
Year of purchase		
Whether Rewinding done (Yes /No)		
Water Tank Capacity (Liters)		
Time required to fill the tank in minutes		

13. Induction Cooker

Power Consumption (Watts) :

Operating Hours in a day (Tick Appropriate)	Below half an hour	Maximum 1 hour	Maximum 2 hours	Above 2 hours

14. Mixer

Power Consumption (Watts):

Operating Hours in a day (Tick Appropriate)	Below half an hour	Maximum 1 hour	Maximum 2 hours	Above 2 hours

15. Grinder

Power Consumption (Watts) :

Operating Hours in a day (Tick Appropriate)	Below half an hour	Maximum 1 hour	Maximum 2 hours	Above 2 hours

16. Iron box

Power Consumption (Watts) :

Operating Hours in a day (Tick Appropriate)	Below half an hour	Maximum 1 hour	Maximum 2 hours	Above 2 hours

17. Vacuum Cleaner

Power Consumption (Watts) :

Operating Hours in a day (Tick Appropriate)	Below half an hour	Maximum 1 hour	Maximum 2 hours	Above 2 hours

18. Microwave Oven

Power Consumption (Watts) :

Operating Hours in a day (Tick Appropriate)	Below half an hour	Maximum 1 hour	Maximum 2 hours	Above 2 hours

19. Dish Wash

Power Consumption (Watts) :

Operating Hours in a day (Tick Appropriate)	Below half an hour	Maximum 1 hour	Maximum 2 hours	Above 2 hours

20. Home Theatre

Power Consumption (Watts) :

Operating Hours in a day (Tick Appropriate)	Below half an hour	Maximum 1 hour	Maximum 2 hours	Above 2 hours

21. Computer/Laptop

Power Consumption (Watts) :

Operating Hours in a day (Tick Appropriate)	Below half an hour	Maximum 1 hour	Maximum 2 hours	Above 2 hours

22. Printer

Power Consumption (Watts) :

Operating Hours in a day (Tick Appropriate)	Below half an hour	Maximum 1 hour	Maximum 2 hours	Above 2 hours

23. Electric Vehicle

Power Consumption (Watts) :

Operating Hours in a day (Tick Appropriate)	Below half an hour	Maximum 1 hour	Maximum 2 hours	Above 2 hours



24. Any other loads

Power Consumption (Watts) :

Operating Hours in a day (Tick Appropriate)	Below half an hour	Maximum 1 hour	Maximum 2 hours	Above 2 hours

25. Whether using inverter

Capacity (KVA/KW)	
Battery Capacity in Ah	
No of Batteries	
Inverter Type (Square wave/ Sine wave)	
Year of purchase	

26. Use of Solar Energy Systems

Item	Usage (Yes/ No)	Capacity
Solar Lantern (Capacity in Watts)		
Solar Water Heater (In LPD)		
Solar Photovoltaic System (In Kilowatts)		

27. Cooking Gas

Consumer Number	Supplier	Usage of 1 cylinder in days

28. Automobile Vehicles

Type of Vehicle	Consumption of Petrol	Consumption of Diesel

29. Use of Biogas

Type of Plant	Capacity	Year of Installation