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- Pre-Installation Inspection
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- Post Installation Inspection

Site Inspection Form

Customer Information

Customer: _____	Date: _____
Address: _____	City: _____
Day Phone: _____	Eve #: _____
Notes (Dog, Locked Gate, Etc.): _____	

Project Application Proposed System Information

Contractor: _____		Phone #: _____
KWAC: _____	Array Orientation: <input type="checkbox"/> E <input type="checkbox"/> SE <input type="checkbox"/> S <input type="checkbox"/> SW <input type="checkbox"/> W <input type="checkbox"/> Flat/Horizontal	
Array Slope: _____	Mounting Type: <input type="checkbox"/> Main Bldg. Roof <input type="checkbox"/> Outbuilding Roof <input type="checkbox"/> Ground	
Inverter Qty: _____	Inverter Platform: <input type="checkbox"/> Backup <input type="checkbox"/> Non-Backup <input type="checkbox"/> Combination	
Inverter Location:	<input type="checkbox"/> I/D - Main Bldg. <input type="checkbox"/> I/D - Outbuilding <input type="checkbox"/> O/D - Shaded <input type="checkbox"/> O/D - Unshaded <input type="checkbox"/> Other	
AC Disconnect & PV Meter Location:	<input type="checkbox"/> Within 10' of Revenue Meter <input type="checkbox"/> Other Note: _____	
Notes (Shade, Location Waiver Request, Etc.): _____		

Inverter Location Details

	Inverter Type #1	Inverter Type #2	Inverter Type #3
Proposed Inverter Model:			
Proposed Inverter Qty:			
AC Voltage:			
Platform:	<input type="checkbox"/> Backup <input type="checkbox"/> Non-Backup	<input type="checkbox"/> Backup <input type="checkbox"/> Non-Backup	<input type="checkbox"/> Backup <input type="checkbox"/> Non-Backup
Indoor Location:	<input type="checkbox"/> Main Building <input type="checkbox"/> Outbuilding <input type="checkbox"/> Conditioned Space <input type="checkbox"/> Unconditioned Space <input type="checkbox"/> Garage		
	Location Description: _____		
Outdoor Location:	<input type="checkbox"/> Main Building <input type="checkbox"/> Outbuilding <input type="checkbox"/> Ground Mount <input type="checkbox"/> Shaded <input type="checkbox"/> Unshaded <input type="checkbox"/> Other		
	Location Description: _____		
24 Hr. Accessible Location?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Inaccessible, Describe: _____	
Notes: _____			

Customer: _____	Date: _____
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Customer: _____	Date: _____
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Site Survey Information

Photos:		<input type="checkbox"/> Front of House	<input type="checkbox"/> Electric Service	<input type="checkbox"/> Array Location(s)	<input type="checkbox"/> Inverter Location(s)							
		<input type="checkbox"/> PV Meter Location(s)	<input type="checkbox"/> AC Disconnect Location(s)	<input type="checkbox"/> Shading Source(s)	<input type="checkbox"/> Other							
		Array Segment #1	Array Segment #2	Array Segment #3	Array Segment #4							
Array Location Details	Proposed Module Type:											
	Proposed Module Qty:											
	*Orientation (Degrees):											
	Slope (Degrees):											
	Existing Structure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No							
	Description (House, Barn, Ground, Etc.):											
	Obvious Shading?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No							
	Shade Source:											
	Pathfinder Verified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No							
	Shade Loss %:	%	%	%	%	%	%	%	%	%	%	%
Notes:		_____										

* Actual Array Orientation in Degrees relative True North. (For Reference: North = 0; East = 90; Southeast = 135; South = 180; Southwest = 225; West = 270)

AC Disconnect & Generation Meter Location Details

General Location:	<input type="checkbox"/> Within 10' of Revenue Meter			<input type="checkbox"/> Main Building			<input type="checkbox"/> Outbuilding			<input type="checkbox"/> Free Standing		
	Location Description: _____											
24 Hr. Accessible Location?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Inaccessible, Describe: _____										
Notes:		_____										

For Rocky Mountain Power Office Use Only

Inspection completed by: _____
Date application received: _____