

# Recording Form

DATE \_\_\_\_\_ TIME \_\_\_\_\_ OUTDOOR TEMPERATURE \_\_\_\_\_

OUTDOOR RELATIVE HUMIDITY \_\_\_\_\_ WEATHER \_\_\_\_\_

IS A HEATING OR COOLING SYSTEM OPERATING? \_\_\_\_\_

**Classroom #** \_\_\_\_\_

Size of Room \_\_\_\_\_

Number of Windows \_\_\_\_\_

Direction Windows Face \_\_\_\_\_

Indoor Temperature \_\_\_\_\_

Relative Humidity \_\_\_\_\_

Light Meter Reading \_\_\_\_\_

Hot Water Temperature \_\_\_\_\_

Is there a thermostat? Yes No

Are there adjustable vents? Yes No

Are there adjustable lights? Yes No

Are lights on? No Some All

Are windows open? No Some All

Are blinds closed? No Some All

Are faucets dripping? No Some All

List the electrical appliances that are turned on.  
Are they in use?

Other Comments:

**Classroom #** \_\_\_\_\_

Size of Room \_\_\_\_\_

Number of Windows \_\_\_\_\_

Direction Windows Face \_\_\_\_\_

Indoor Temperature \_\_\_\_\_

Relative Humidity \_\_\_\_\_

Light Meter Reading \_\_\_\_\_

Hot Water Temperature \_\_\_\_\_

Is there a thermostat? Yes No

Are there adjustable vents? Yes No

Are there adjustable lights? Yes No

Are lights on? No Some All

Are windows open? No Some All

Are blinds closed? No Some All

Are faucets dripping? No Some All

List the electrical appliances that are turned on.  
Are they in use?

Other Comments:

# Recording Form

**DATE:**

**TIME:**

**Common Area #** \_\_\_\_\_

Size of Space \_\_\_\_\_

Number of Windows \_\_\_\_\_

Direction Windows Face \_\_\_\_\_

Indoor Temperature \_\_\_\_\_

Relative Humidity \_\_\_\_\_

Light Meter Reading \_\_\_\_\_

Is there a thermostat?                      Yes      No

Are there adjustable vents?              Yes      No

Are there adjustable lights?              Yes      No

Are lights on?                                  No      Some      All

Are windows open?                          No      Some      All

Are blinds closed?                          No      Some      All

Are doors tightly closed?                  No      Some      All

List the electrical appliances that are turned on.  
Are they in use?

**Other Comments:**

**DATE:**

**TIME:**

**Non-Class Room #** \_\_\_\_\_

Size of Room \_\_\_\_\_

Number of Windows \_\_\_\_\_

Direction Windows Face \_\_\_\_\_

Indoor Temperature \_\_\_\_\_

Relative Humidity \_\_\_\_\_

Light Meter Reading \_\_\_\_\_

Hot Water Temperature \_\_\_\_\_

Is there a thermostat?                      Yes      No

Are there adjustable vents?              Yes      No

Are there adjustable lights?              Yes      No

Are lights on?                                  No      Some      All

Are windows open?                          No      Some      All

Are blinds closed?                          No      Some      All

Are faucets dripping?                      No      Some      All

List the electrical appliances that are turned on.  
Are they in use?

**Other Comments:**