

## Section 1: Client Information

1. Client's Full Name

→ Short answer

2. Contact Information (Phone/Email)

→ Short answer

3. Site Address

→ Short answer

4. Occupation or Business Type (if relevant to energy usage)

→ Short answer

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## Section 2: Site Visit – Installation Feasibility

5. What type of roof does the building have?

→ Multiple choice

- Flat concrete roof
- Metal sheet roof
- Asbestos roof
- Tile roof
- Other: [Short answer]

6. Roof size and condition notes

→ Paragraph

\*7. Roof orientation (use compass app to check direction of optimal sunlight)

→ Multiple choice

- South-facing
- South-west facing

- West-facing
- Other: [Short answer]

8. Are there any shading issues? (trees, nearby buildings, etc.)

→ Checkboxes

- No shading
- Trees obstructing sunlight
- Nearby tall buildings
- Water tanks or satellite dishes
- Others: [Short answer]

9. Most suitable area for panel mounting

→ Paragraph

10. Notes on building layout (for inverter, cable runs, etc.)

→ Paragraph

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### Section 3: Appliance Load Assessment

11. List the appliances the client wants to power with solar (with power ratings if possible)

→ Paragraph

12. Upload photos of appliance nameplates or power ratings

→ File upload

13. Categorize devices by priority

→ Checkbox grid

Rows: [Device names]

Columns:

- Essential

- Non-essential
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#### Section 4: Energy Usage Patterns

14. How many hours per day does the client plan to use solar energy?

→ Short answer

15. When is their peak power usage?

→ Multiple choice

- During the day (e.g., business, A/C use)
  - At night (e.g., lights, fan, TV)
  - Both equally
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#### Section 5: Earthing System

16. Was the earthing system tested?

→ Multiple choice

- Yes
- No

17. Result of earthing test (in ohms)

→ Short answer

18. Notes on earthing condition

→ Paragraph

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#### Section 6: Grid Reliability Inquiry

19. How often does grid power fail in this area?

→ Multiple choice

- Daily
- Weekly
- Occasionally
- Rarely

20. Typical duration of power outages

→ Multiple choice

- Less than 1 hour
- 1–4 hours
- 4–8 hours
- More than 8 hours

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#### Section 7: Budget Discussion

21. Did the client provide a budget range?

→ Multiple choice

- Yes
- No
- Not comfortable sharing

22. If yes, enter estimated budget (₦)

→ Short answer

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#### Section 8: Submit for Quotation

23. Additional Notes or Observations

→ Paragraph

24. Upload filled audit template (if using paper format or offline tool)

→ File upload

25. Name of Trainee or Auditor Completing this Form

→ Short answer