**OFF-GRID SYSTEM LOAD PROFILE ASSESSMENT FORM**

**Interviewed by:**

**User Information**

Name:

Location:

Contact information:

**Energy Consumption and Appliance Information**

List of room:

* User Name

|  |
| --- |
| **Room Name** |
| Example\_room\_1 |
| Example\_room\_2 |
|  |

List all electrical appliances the customer currently uses or needs:

* Appliance Name
* Manufacturer (if any preference)
* Quantity
* Energy Consumption (Wattage) (If known)
* Room/Location (where the appliance will be used)
* Prioritization (High/Medium/Low)
* Usage pattern (When and how often the appliance will be used) (Doesn’t have to mean the appliance is used all the time or during the whole duration)
* Flexibility (Is the customer flexible about when and how to use this appliance)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Appliance Name** | **Manufacturer** | **Quantity** | **Energy Consumption** | **Room** | **Prioritization** | **Usage pattern** | **Flexibility** |
| Example\_1 | No | 5 | 200W | Example\_room\_1 | High | 06:00-12:00 weekdays, 08:00-12:00 weekends. | No |
| Example\_2 | No | 3 | 100W | Example\_room\_1, Example\_room\_2 | Medium | 07:00-08:00 weekday | No |
| Example\_3 | No | 2 | 300W | Example\_room\_2 | Low | 18:00-20:00 every day. | Yes, can be moved by an hour both ways. |
|  |  |  |  |  |  |  |  |

Additional Information

Are there any specific manufacturers the customer prefers for their appliances?

Are there any special considerations for the system's operation (i.e., peak hours, special conditions, etc.)?