

Prescriptive Rebate Program Steam Trap Survey Summary Sheet

Steam Trap Survey

Steam trap testing incentives are available to pre-qualified trade allies only. Please log each steam trap tested at this address. Steam traps must be tagged and numbered, with specific locations provided in the survey (example: "Unit 302, living room, under window".) Please include comments detailing how the condition of the trap was determined. Attach the completed survey sheet(s) to the corresponding prescriptive application. Attach additional sheets as needed. This form is not required for mass trap replacements. Customers are eligible for steam trap survey rebates once every program year.

Trade Ally Name:		Customer Account Name:			
Site Address:		City:		State:	
				ZIP:	

Temperature Testing Equipment Type Used: (check all that apply)	<input type="checkbox"/> Infrared Temperature Gun <input type="checkbox"/> Infrared Imager <input type="checkbox"/> Direct Contact Digital Thermometer		
Ultrasound Testing Equipment Information:	Manufacturer:	Model #:	When was the last time the traps were repaired or replaced?

ID Tag #	Location	Trap Use ¹	Annual Hours of Use	Nominal Pressure	Steam Trap Type ²	Ambient Temp.	Temp. In	Temp. Out	Ultrasound Results ³	Condition ⁴	Comments/ Notes

¹Trap Use:
Process or Space Heating

²Steam Trap Type:
Thermostatic Radiator, Inverted Bucket,
Float and Thermostatic

³Ultrasound Results:
Plugged, Blowing Through,
Leaking, Good

⁴Condition:
Failed Closed, Failed Open,
Leaking, Good