

## SITE SURVEY CHECKLIST



### GENERAL INFORMATION

Date of Survey:

Site Name:

Contact Name:

Site Street Address:

City:

State:

Zip:

Country:

Phone: (    )

Fax: (    )

Email:

### 1. ROOF OR OTHER ARRAY MOUNTING SURFACE

*Check boxes or specify in the blank for items below.*

**1.01 Type of Roof Material or Mounting Surface (Specify)**

**1.02 Roof or Mounting Surface Condition**

**1.03 Age**

**1.04 Supporting Structure (e.g. roof trusses)**

Accessible

Adequate Strength

**1.05 Roof or Mounting Surface Slope (e.g., 5/12, flat)**

**1.06 Area (Sq. ft.)**

- Azimuth Direction (degrees E or W of true South)

- Eave Height (ft.)

- Ridge Height (ft.)

**1.07 Accessibility to Proposed Array Location**

Easy

Moderate

Unacceptable

**1.08 Potential for Shading Proposed Array**

None

Slight

Unacceptable

### 2. INVERTER, UTILITY ACCESS, BATTERIES AND ENGINE-GENERATOR (AS APPLICABLE)

**2.01 Proposed Inverter Location (Specify)**

**2.02 Accessibility to Proposed Inverter Location**

Easy

Moderate

Unacceptable

**2.03 Proposed Battery Location (Specify, if applicable)**

**2.04 Accessibility to Proposed Battery Location**

Adequate Ventilation

Adequate Location

Accessible

**2.05 Proposed Engine-Generator Location (Specify, if applicable)**

Adequate Ventilation

Adequate Location

Accessible



### RECOMMENDATION

*Check the appropriate box below.*

Approve site for system installation

Do not approve site for system installation (If site not approved, specify reasons for rejection below:)



**SURVEY REVIEWER INFORMATION**

**Name:**

**Organization:**

**Signature:**

**Date:**

**Please list other committee members reviewing this design:**

**Name**

**Organization**

**SKETCH ROOF AREA AND PROPOSED ARRAY LOCATION (OR ATTACH ON A SEPARATE PAGE)**

**Available Roof Area (sq. ft.)**