

Impact Awareness: Initial Audit Week #1

The purpose of this activity is to take a snapshot of our current energy use and consumption practices. Students will 1) document and analyze electricity and resource consumption at school and at home, 2) identify ways that we can reduce the impacts we have on our natural resources and environment, 3) make recommendations to Greenville Middle School and families for improving energy conservation, and 4) implement these strategies and adopt wiser energy use practices.

<p>The _____ Family</p> <p>This survey includes _____ (#) people at this residence.</p> <p>Student Name: _____</p>	<p style="text-align: center;">Date of initial readings:</p> <p style="text-align: center;">____/____/____</p>
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Electricity Use

Please complete available information (write "N/A" if the information is not available)

kWh reading on electrical meter: _____

OR total kWh electricity used in most recent month (from utility bill): _____

Personal Transportation		Water Use
Vehicles: year, make, model	Odometer readings	(write "N/A" if the information is not available)
Car #1		Water meter reading: _____
Car #2		OR total gallons used in most recent month (from utility bill) _____
Car #3		
Other		

HEATING (Electric heat is included under electricity usage.)

Natural gas/propane meter reading **or** amount used in most recent month:

Fuel/Heating oil gallons used (if available): _____

Other Documentations

<p>At 7:00 p.m. (or as close to that as possible) walk around your house and count how many lights, computers, TVs, and radios are turned on.</p> <p style="text-align: center;">_____computers _____TVs</p> <p style="text-align: center;">_____lights/lamps with switches _____radios/stereos</p>	<p>Using a 1 gallon bucket, time how long it takes your shower to fill it up: _____minutes/seconds. (ex. 45 seconds per gallon = 1 ½ gal. per min.)</p> <p>Time of your average shower: _____min./seconds.</p> <p>Notes:</p>
<p>Count the total number of items that <i>remain</i> plugged in at your house that have power pack, a clock, LED light(s), or can be powered on by a remote control. Don't forget the "hidden" plugs (such as dryer, tv, dishwasher, stove).</p> <p style="text-align: center;">_____items</p>	<p>Number of times you <i>or anyone from your</i> family has used public transportation (including school bus), carpooled, biked, or walked (to a destination, not just as recreation) more than ¼ mile away in the past 2 days: _____ times</p> <p>Notes:</p>
<p>1) Count the total number of power strips that are used in your home, 2) the number of power strips that get turned off regularly (once or more per week), AND 3) the total number of items plugged into the power strips that are turned off regularly (this may include computers, stereo equipment, etc.)</p> <p>1) _____ power strips</p> <p>2) _____ power strips that are regularly turned off</p> <p>3) _____ total number of items or appliances plugged into power strips that are regularly turned off</p>	<p>Please note any unusual circumstances, trips, weather, or situations that would cause this audit to be different than what you would normally expect:</p> <hr/> <hr/> <hr/>

Impact Awareness: Initial Audit Week #2

The purpose of this activity is to calculate energy use and consumption practices. If utility bills were used during week one to record electricity, heating, or water use, updated numbers may not be available. If new information is not available, please write "N/A."

If there is no change in a reading or mileage (for example), please write "NO CHANGE."

<p style="text-align: center;">The _____ Family</p> <p>This survey includes _____ (#) people at this residence. Student Name: _____</p>	<p style="text-align: center;">Date of WEEK 2 readings:</p> <p style="text-align: center;">____/____/____</p>
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<h3 style="margin: 0;">Electricity Use</h3> <p style="margin: 0;">Please complete available information (write "N/A" if the information is not available)</p>

kWh reading on electrical meter: _____ OR total kWh electricity used in most recent month (from utility bill): _____
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Personal Transportation	Water Use										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%; padding: 5px;">Vehicles: year, make, model</th> <th style="width: 60%; padding: 5px;">Odometer readings</th> </tr> <tr> <td style="padding: 5px;">Car #1</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">Car #2</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">Car #3</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">Other</td> <td style="padding: 5px;">_____</td> </tr> </table>	Vehicles: year, make, model	Odometer readings	Car #1	_____	Car #2	_____	Car #3	_____	Other	_____	<p style="text-align: center;">(write "N/A" if the information is not available)</p> <p style="text-align: center;">Water meter reading: _____</p> <p>OR total gallons used in most recent month (from utility bill) _____</p>
Vehicles: year, make, model	Odometer readings										
Car #1	_____										
Car #2	_____										
Car #3	_____										
Other	_____										

HEATING <i>(Electric heat is included under electricity usage.)</i>
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Natural gas/propane meter reading or amount used in most recent month: _____ Fuel/Heating oil gallons used (if available): _____
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Other Documentations

At 7:00 p.m. (or as close to that as possible) walk around your house and count how many lights, computers, TVs, and radios are turned on. _____ computers _____ TVs _____ lights/lamps with switches _____ radios/stereos	Approximate time of your average shower: _____ min./sec. <i>Please note any changes in water consumption (watering lawns, swimming pool, washing cars, shorter showers, etc.)</i> Notes: _____ _____ _____
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Count the total number of items that <i>remain</i> plugged in at your house that have power pack, a clock, LED light(s), or can be powered on by a remote control. Don't forget the "hidden" plugs (such as dryer, tv, dishwasher, stove). _____ items	Number of times you <i>or anyone from your</i> family has used public transportation (including school bus), carpooled, biked, or walked (to a destination, not just as recreation) more than ¼ mile away in the past 2 days: _____ times Notes: _____ _____
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1) Count the total number of power strips that are used in your home, 2) the number of power strips that get turned off regularly (once or more per week), AND 3) the total number of items plugged into the power strips that are turned off regularly (this may include computers, stereo equipment, etc.) 1) _____ power strips 2) _____ power strips that are regularly turned off 3) _____ total number of items or appliances plugged into power strips that are regularly turned off	Please note any unusual circumstances, trips, weather, or situations that would cause this audit to be different than what you would normally expect. Include any steps you have begun taking (if any) to reduce consumption: _____ _____ _____
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