Draft of a possible questionnaire for POE. The format is consistent with the SCE HVAC Questionnaire that is part of the meeting resource materials.

DRAFT Preponderance of Evidence Questionnaire.

This is based on the format from the SCE HVAC Questionnaire.

|  |  |  |
| --- | --- | --- |
| Number | Preponderance of Evidence Questions and Answers | Score |
| 1 | In the last 12 months, the equipment in this project has had major repairs performed not related to a full system overhaul. |  |
| **Strongly Agree** | Agree | Neither Agree or Disagree | Disagree | **Strongly Disagree** |
| 2 | The required maintenance on the equipment in this project is excessive and/or has increased over the past three years. |  |
| **Strongly Agree** | Agree | Neither Agree or Disagree | Disagree | **Strongly Disagree** |
| 3 | The equipment has continually met the service needs in the last 12 months. |  |
| **Strongly Agree** | Agree | Neither Agree or Disagree | Disagree | **Strongly Disagree** |
| 4 | The equipment being replaced are operating and with normal maintenance would continue to operate for at least three years. |  |
| **Strongly Agree** | Agree | Neither Agree or Disagree | Disagree | **Strongly Disagree** |
| 5 | The financial incentives, technical information, recommendations, and support from the [IOU/Implementer] has accelerated the decision to replace the equipment by |  |
| **<1.5 years** | >1.5 but <3 years | >3 years | **No Plan** | Unknown |
| 6 | Non-energy benefits (e.g. O&M and labor savings, equipment reliability, production improvements, occupant satisfaction, Title-24 Energy Code or other mandated compliance) are the primary consideration for the replacement of the equipment in this project.  |  |
| **Strongly Agree** | Agree | Neither Agree or Disagree | Disagree | **Strongly Disagree** |
| **Total Score** |  |

By signing below, I certify that the above is true and correct to the best of my knowledge. I acknowledge that misrepresentation will result in a rejection of the project as an Accelerated Replacement.

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Customer Signature Customer Printed Name Date

Scoring must be positive (note that included to illustrate scoring but may be removed from the actual questionnaire for implementation)

* **Bold blue = 2**
* No bold blue = 1
* Black = 0
* Non-bold red = -1
* **Bold red = -2**