

Certified Renewable Energy Equipment Power Generation Audit

Record

I. Basic Information

Registrant Name: _____

Site name: _____

Site address: _____

Site no.: _____

Audit type: Ad hoc power generation verification Re-audit of power generation

Scope of audit:

	Installed Capacity (kW)	Transformation Ratio	Electricity Meter No.
Total			

(Please add more rows if there is not sufficient space on this form)

Name and title of main representative of the Applicant: _____

Auditor: _____

Date of Inspection: __ (month) __ (day), __ (year)

II. Audit items and audit results

- (I) Equipment layout configuration of the certified equipment
- 1 The certified equipment meets registered information Yes No Not applicable
- 2 The certified equipment operates normally in accordance with the single-line diagrams Yes No Not applicable
- 3 Confirm that the equipment is not connected to other non-renewable energy power units Yes No Not applicable
- (II) Electricity metering equipment of the certified equipment
- 1 The accuracy of the electricity meter is more than level 1 and it is within the effective period of its certification Yes No Not applicable
- 2 Transformation ratio of the electricity meter Yes No Not applicable
- (III) Verification of historical data on electricity generated by the certified equipment Yes No Not applicable
- (IV) Certified equipment power generation inspection Yes No Not applicable

III. Comprehensive Evaluation and Recommendations

Current certified renewable energy equipment power generation audit process:

- No abnormalities found in power generation. The reason for inconsistency with estimated power generation is determined as follows:

- Abnormalities found in power generation. The reason for the abnormalities is determined as follows:

Recommendations:

- No abnormalities in power generation. Resume the metering power generation that has been temporarily suspended
- Falsehoods in the power generation found. Certifications shall not be issued for the power generated during the suspension period

Signature of Applicant Representative: _____

Signature of the Auditor: _____

Note: 1. Audit results are subject to final approval.

2. If your unit has any comments regarding auditor performance, evaluation results, or recommendations, please raise your concerns to your jurisdictional authority and the Bureau will process the matter as soon as possible.

Auditor's other opinions:

Second reviewer's comments:	Signature: _____ Date: _____
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Second Review Section Chief's comments:	Signature: _____ Date: _____
Audit:	Signature: _____ Date: _____