

Prescriptive Rebate Program Steam Trap Survey Summary Sheet

Valid Jan. 1, 2026 - Dec. 31, 2026

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. If the survey contains more than 20 traps, it should be delivered as a sortable file like Excel. This form is not required for mass trap replacements. Please refer to Prescriptive Application for eligibility, specifications and terms and conditions.

Trade Ally Name:		Customer Account Name:					
Site Address:		City:		State:		ZIP:	
Temperature Testing Equipment Type Used: (check all that apply)	☐ Infrared Temperature Gun ☐ Infrared Imager ☐ 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 use¹	Annual hours of use	Nominal pressure	Steam trap type²	Ambient temp.	Temp. in	Temp. out	Ultrasound results³	Condition⁴	Comments/ notes

1. Trap use:
Process or Space Heating
2. Steam trap type:
Thermostatic Radiator, Inverted Bucket, Float and Thermostatic
3. Ultrasound results:
Plugged, Blowing Through, Leaking, Good
4. Condition:
Failed Closed, Failed Open, Leaking, Good

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