



Solar Power Evaluation Form

1. Client Information

Full Name:

- First Name: _____
- Last Name: _____

Contact Information:

- Phone Number: _____
- Email Address: _____

Physical Address:

- Street: _____
- City/Town: _____
- Province: _____
- Postal Code: _____

Property Type:

- ☐ Residential
- ☐ Commercial
- ☐ Industrial
- ☐ Agricultural
- ☐ Other: _____

Are you the property owner?

- ☐ Yes
 - ☐ No (If no, please provide the owner's contact information): _____
-

2. Energy Needs Assessment

Current Power Source:

- ☐ ZESCO (Grid)
- ☐ Generator
- ☐ Solar
- ☐ Other: _____

Average Monthly Electricity Consumption (kWh): _____

Peak Power Demand (kW): _____

Critical Loads (Check all that apply):

- ☐ Refrigeration
- ☐ Medical Equipment
- ☐ Lighting
- ☐ Water Pump
- ☐ Other: _____

Power Supply Reliability (How often do you experience power outages?):

- ☐ Rarely
 - ☐ Occasionally
 - ☐ Frequently
 - ☐ Daily
-

3. Site Information

Roof Characteristics:

- **Type of Roof:**

- ☐ Flat
- ☐ Sloped
- ☐ Other: _____

- **Material of Roof:**

- ☐ Tile
- ☐ Metal
- ☐ Concrete
- ☐ Other: _____

Available Roof Space (m²): _____

Shading Obstacles (Check all that apply):

- ☐ Trees
- ☐ Adjacent Buildings
- ☐ Chimneys
- ☐ None
- ☐ Other: _____

Daily Sunlight Hours:

- **Morning (6 AM - 12 PM):** _____
- **Afternoon (12 PM - 6 PM):** _____
- **Evening (6 PM - 6 AM):** _____

4. Current Energy Costs

Monthly Electricity Bill (ZMW): _____

Electricity Tariff per kWh (if known): _____

Other Energy Costs (e.g., fuel for generators): _____

5. Solar Power Interest

Main Motivation for Solar Installation (Check all that apply):

- ☐ Cost Savings
- ☐ Environmental Impact
- ☐ Energy Independence
- ☐ Reliability
- ☐ Reducing Power Outages
- ☐ Other: _____

Preferred Solar System Type:

- ☐ Grid-Tied
- ☐ Off-Grid
- ☐ Hybrid
- ☐ Unsure (Need Consultation)

Budget for Solar Installation (ZMW): _____

Interest in Financing Options:

- ☐ Yes
- ☐ No
- ☐ Not Sure

Desired Installation Timeline:

- ☐ As soon as possible
- ☐ Within 3 months
- ☐ Within 6 months

- ☐ Other: _____
-

6. Additional Information

Are there any special requirements or considerations for the installation?

- ☐ Yes (Please specify): _____
- ☐ No

How did you hear about our services?

- ☐ Referral
- ☐ Online Search
- ☐ Social Media
- ☐ Advertisement
- ☐ Other: _____

Comments or Questions:

- _____
-

7. Evaluation Summary (For Internal Use)

Evaluator's Name: _____

Date of Evaluation: _____

Site Visit Conducted:

- ☐ Yes
- ☐ No

Initial Assessment Outcome:

- ☐ Suitable for Solar Installation
- ☐ Further Evaluation Required
- ☐ Not Suitable for Solar Installation

Recommended System Size (kW): _____

Additional Notes:

- _____

Client Signature: _____

Date: _____

Evaluator Signature: _____

Date: _____
