

Installation Visit Check List

Student's Name: _____

Date of Visit: _____

CIL/HS: _____

Time of Visit: _____

Name of CIL Coordinator _____

Name of Client: _____

Before the Visit I met with the CIL Coordinator to review the client profile I practiced how to setup the selected device(s) I practiced how to operate the selected device(s) I practiced how to enroll the client for the appropriate energy cost savings program I practiced my introduction to the client with the CIL Coordinator**During the Visit** I have notes about the client and/or devices ready for client visit I met the CIL Coordinator prior to the designated time to ensure a timely arrival We arrived on time for the client installation visit COVID-19 safety precautions followed: Mask and hand sanitizer used I introduced myself and summarized the intent and length of the assistance visit I explained the function of the device and then set it up I listened to the client's accessibility preferences and provided feedback on what I heard I adjusted accessibility and operating features to meet the client's needs and preferences I addressed any issues the client was having with the device prior to my arrival I demonstrated how the device works and then helped the client operate it I answered all questions the client had about the device I thanked the client for the opportunity to meet and work with them