

Name: _____

Grade-Period-Teacher: _____

Belkin Measurement Worksheet

App. No.	Appliance Type TO BE FILLED IN BY TEACHER- EXAMPLES GIVEN HERE	Specific Appliance in Student's Home (include brand name, also include model if possible)	Watts	CO ₂ 30-day reading	\$\$ 30-day reading
1	Coffee Maker				
2	DVD Player				
3	Cell Phone Charger				
4	Laptop Computer				
5	Game System				
6	CD Player				
7	Electric Toothbrush				
8	Power Tool Charger				
9	Printer				
10	Microwave				
11					
12					
13					
14					
15					