

# General Information

1. Approximately how many employees work in this facility during normal business hours?

Full Time Employees \_\_\_\_\_

Part Time Employees \_\_\_\_\_

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2. What is the primary activity at this facility? (**Required**, Check one)

Sales (retail/customer outlet/merchandising)

Business Offices (headquarters, bank, insurance, etc.)

Lodging (small hotel, motel, lodging, apartment, etc.)

Restaurant

Convenience Store/Small Grocery Store

Storage (warehouse, garage, furniture, parking, hanger, etc.)

Multi-family: single metered (dormitory)

Assembly (church, auditorium, theater, etc.)

Schools

Other

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2a. If this building is a hotel/motel or Multi Family, how many units does it have? \_\_\_\_\_ units

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2b. If this building is a hotel/motel or Multi Family, what is the average annual percent occupancy rate? (Check one)

1-10%

11-20%

21-30%

31-40%

41-50%

51-60%

61-70%

71-80%

81-90%

91-100%

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3. About how many hours per day is the business open? \_\_\_\_\_

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4. About how many days per week is the business open? \_\_\_\_\_

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5. In what year was this facility built? \_\_\_\_\_ (please enter an integer value between 1800 and 1998 for the year in which the facility was built.)

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6. How many years have you occupied this facility? \_\_\_\_\_ years

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# Building Data

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1. What is the average ceiling height in feet? \_\_\_\_\_ ft (enter an integer value between 1 and 100 (feet) for the ceiling height of this facility).

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2. Estimate the following R-Values.

Exterior Walls (3-30) \_\_\_\_\_

Ceiling/Roof (3-30) \_\_\_\_\_

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3. About what percentage of your wall area is common to other buildings.

- \_\_\_\_\_ 0-10%
  - \_\_\_\_\_ 11-20%
  - \_\_\_\_\_ 21-30%
  - \_\_\_\_\_ 31-40%
  - \_\_\_\_\_ 41-50%
  - \_\_\_\_\_ 51-60%
  - \_\_\_\_\_ 61-70%
  - \_\_\_\_\_ 71-80%
  - \_\_\_\_\_ 81-90%
  - \_\_\_\_\_ 91-100%
- 

4. About what percentage of the exposed exterior wall area is glass? (**Required**)

- \_\_\_\_\_ 0-10%
  - \_\_\_\_\_ 11-20%
  - \_\_\_\_\_ 21-30%
  - \_\_\_\_\_ 31-40%
  - \_\_\_\_\_ 41-50%
  - \_\_\_\_\_ 51-60%
  - \_\_\_\_\_ 61-70%
  - \_\_\_\_\_ 71-80%
  - \_\_\_\_\_ 81-90%
  - \_\_\_\_\_ 91-100%
- 
-

5. About what percentage of the total square footage is currently used.

- 0-10%
- 11-20%
- 21-30%
- 31-40%
- 41-50%
- 51-60%
- 61-70%
- 71-80%
- 81-90%
- 91-100%

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6. What is the total square footage of the facility? (**Required**) \_\_\_\_\_ sq. ft.

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7. How many floors are in your facility? (**Required**) \_\_\_\_\_ floors

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8. Are most of the windows in your facility Single, Double or Triple Paned?

- Single
  - Double
  - Triple
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9. In considering air infiltration (leakage), which one best describes this facility?

- Loose
  - Medium
  - Tight
- 

10. If your heating or cooling systems uses ducts to distribute the heat, where are the majority of the ducts located?  
In conditioned space In unconditioned space Outside

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10a. If your ducts are not in conditioned space, are they insulated (Y/N)? \_\_\_\_\_

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11. Does most of your windows have tinted or reflective glass (Y/N)? \_\_\_\_\_

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# Cooling System

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1. What is the primary energy type used by the cooling equipment? (**Required**)

- Electricity
  - Natural gas
  - Other
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2. What type of equipment is used to air condition the largest square footage of this facility? (**Required**)

- Electric window/wall units
  - Central air handling w/ refrigerant cooling
  - Central air handling w/ chilled water cooling
  - Electric heat pump
  - Packaged heating / cooling unit
  - Evaporative or swamp cooler
  - Other
  - None
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2a. If your cooling system is an evaporative / swamp cooler, how many hours per week do you run it (from 0 to 168)?

hours/week

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3. At what temperature are most of the thermostats usually set for cooling this facility during the following hours? (**Required**)

- 60-85°F During working (open) hours
  - 60-85°F During non-working (closed) hours
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4. What is the age of your cooling equipment? (**Required**)

years

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5. What is the operating efficiency or EER (SEER or EER) of your cooling equipment?

- 5
  - 6
  - 7
  - 8
  - 9
  - 10
  - 11
  - 12
  - 13
  - 14
  - 15
  - Don't know
- 
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6. Does the cooling equipment have a programmable clock thermostat or computerized energy management system (Y/N)?

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7. If this facility does not use a programmable clock thermostat or computerized energy management system, are the indoor blower(s)/air handler(s) turned off at night (Y/N)? \_\_\_\_\_

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# Heating System

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1. What energy is used to heat the largest square footage of this facility? (**Required**)

- Electricity
  - Natural gas
  - Other
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2. What type of equipment is used to heat the largest square footage of this facility? (**Required**)

- Heat pump
  - Electric unit heater
  - Gas unit heater
  - Gas or electric heat packs
  - Gas or electric radiant heat
  - Gas furnace with pilot
  - Gas furnace without pilot
  - Electric furnace
  - Gas or electric boiler
  - Other
  - None
- 
- 

3. At what temperature are most of the thermostats set for heating this facility during the following hours? (**Required**)

- 55-80°F During working (open)hours
  - 55-80°F During non-working (closed)hours
- 
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4. What is the age (in years) of your heating equipment?(**Required**)

years.

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5. What is the COP or efficiency of the heating system?

COP (heat pump)	Efficiency (all others)
<input type="checkbox"/> 1.5	<input type="checkbox"/> <50%
<input type="checkbox"/> 1.6	<input type="checkbox"/> 50-55%
<input type="checkbox"/> 1.7	<input type="checkbox"/> 56-60%
<input type="checkbox"/> 1.8	<input type="checkbox"/> 61-65%
<input type="checkbox"/> 1.9	<input type="checkbox"/> 66-70%
<input type="checkbox"/> 2.0	<input type="checkbox"/> 71-75%
<input type="checkbox"/> 2.1	<input type="checkbox"/> 76-80%
<input type="checkbox"/> 2.2	<input type="checkbox"/> 81-85%
<input type="checkbox"/> 2.3	<input type="checkbox"/> 86-90%
<input type="checkbox"/> 2.4	<input type="checkbox"/> 91-95%
<input type="checkbox"/> 2.5	<input type="checkbox"/> 96-100%
<input type="checkbox"/> 2.6	
<input type="checkbox"/> 2.7	
<input type="checkbox"/> 2.8	
<input type="checkbox"/> 2.9	
<input type="checkbox"/> 3.0	
<input type="checkbox"/> 3.1	
<input type="checkbox"/> 3.2	
<input type="checkbox"/> 3.3	
<input type="checkbox"/> 3.4	
<input type="checkbox"/> 3.5	
<input type="checkbox"/> Don't know	

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6. Does the heating equipment have a programmable clock thermostat or computerized energy management system (Y/N)? \_\_\_\_\_

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# Water Heating

1. Please provide the following information for the type(s) of water heating equipment used in this facility.

Water Heating	Energy Type	Tank Size (Gallons)	Age (Years)
Group 1	<input type="checkbox"/> Electric	<input type="checkbox"/> Small (<30 gal)	<input type="checkbox"/> <5 years
	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Medium (30-50 gal)	<input type="checkbox"/> 5-10 years
	<input type="checkbox"/> Gas	<input type="checkbox"/> Large (50-80 gal)	<input type="checkbox"/> >10 years
	<input type="checkbox"/> Solar	<input type="checkbox"/> XLarge (>80 gal)	
	<input type="checkbox"/> Other		
	<input type="checkbox"/> None		
Group 2	<input type="checkbox"/> Electric	<input type="checkbox"/> Small (<30 gal)	<input type="checkbox"/> <5 years
	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Medium (30-50 gal)	<input type="checkbox"/> 5-10 years
	<input type="checkbox"/> Gas	<input type="checkbox"/> Large (50-80 gal)	<input type="checkbox"/> >10 years
	<input type="checkbox"/> Solar	<input type="checkbox"/> XLarge (>80 gal)	
	<input type="checkbox"/> Other		
	<input type="checkbox"/> None		
Group 3	<input type="checkbox"/> Electric	<input type="checkbox"/> Small (<30 gal)	<input type="checkbox"/> <5 years
	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Medium (30-50 gal)	<input type="checkbox"/> 5-10 years
	<input type="checkbox"/> Gas	<input type="checkbox"/> Large (50-80 gal)	<input type="checkbox"/> >10 years
	<input type="checkbox"/> Solar	<input type="checkbox"/> XLarge (>80 gal)	
	<input type="checkbox"/> Other		
	<input type="checkbox"/> None		
Group 4	<input type="checkbox"/> Electric	<input type="checkbox"/> Small (<30 gal)	<input type="checkbox"/> <5 years
	<input type="checkbox"/> Heat Pump	<input type="checkbox"/> Medium (30-50 gal)	<input type="checkbox"/> 5-10 years
	<input type="checkbox"/> Gas	<input type="checkbox"/> Large (50-80 gal)	<input type="checkbox"/> >10 years
	<input type="checkbox"/> Solar	<input type="checkbox"/> XLarge (>80 gal)	
	<input type="checkbox"/> Other		
	<input type="checkbox"/> None		

2. Are the majority of the water heaters located in conditioned (heated or cooled) areas (Y/N)? \_\_\_\_\_

3. Are most of the water heaters either high efficiency or wrapped with insulated blankets (Y/N)? \_\_\_\_\_

4. What is the average hot water temperature?

- Don't Know
  - 100-105°F
  - 106-110°F
  - 111-115°F
  - 116-120°F
  - 121-125°F
  - 126-130°F
  - 131-135°F
  - 136-140°F
  - 141-145°F
  - 146-150°F
  - 151-155°F
  - 156-160°F
  - 161-165°F
  - 166-170°F
  - 171-175°F
  - 176-180°F
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# Refrigeration Equipment

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Please indicate the following information about your refrigerators and freezers (up to 2 groups). Combine similar units if necessary.

## Group 1

### Equipment Type

- Home Type Refrigerator
- Home Freezer
- Commercial Refrigerator
- Commercial Freezer
- Walk-in Refrigerator
- Walk-in Freezer
- None

No. of Units (**Required**) \_\_\_\_\_

Size (Cu.ft.) (**Required**) \_\_\_\_\_

### Gasket Cond

- Poor
- Fair
- Good

### Efficiency

- Standard
- High Efficiency

### Defrost

- Manual
- Partial
- Automatic

Are the refrigeration compartment(s) exposed to direct sunlight for more than three (3) hours during the day (Y/N)? \_\_\_\_\_

If you have a commercial walk-in refrigerator or freezer, do they each have refrigerator or freezer curtains in them (Y/N)? \_\_\_\_\_

Are the refrigerator or freezer doors open more than 25 times per day (Y/N)? \_\_\_\_\_

**Group 2**

Equipment Type

- Home Type Refrigerator
- Home Freezer
- Commercial Refrigerator
- Commercial Freezer
- Walk-in Refrigerator
- Walk-in Freezer
- None

No. of Units (**Required**) \_\_\_\_\_

Size (Cu.ft.) (**Required**) \_\_\_\_\_

Gasket Cond

- Poor
- Fair
- Good

Efficiency

- Standard
- High Efficiency

Defrost

- Manual
- Partial
- Automatic

Are the refrigeration compartment(s) exposed to direct sunlight for more than three (3) hours during the day (Y/N)? \_\_\_\_\_

If you have a commercial walk-in refrigerator or freezer, do they each have refrigerator or freezer curtains in them (Y/N)? \_\_\_\_\_

Are the refrigerator or freezer doors open more than 25 times per day (Y/N)? \_\_\_\_\_

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# Indoor Lighting

1. Enter the number of lamps and the average wattage per lamp used for indoor lighting in the facility. Note, be sure to indicate the number of lamps, not fixtures, as many fixtures contain multiple lamps.

Lamp Type	Number In Use	Average Wattage	Ballast Type	Hours Per Week
Incandescent	_____	_____	N/A	_____
Compact Fluorescent	_____	_____	N/A	_____
4 Ft fluorescent	_____	_____	_____ Standard	_____
			_____ High Efficiency	_____
			_____ Electronic	_____
8 Ft fluorescent	_____	_____	_____ Standard	_____
			_____ High Efficiency	_____
			_____ Electronic	_____
Mercury Vapor	_____	_____	N/A	_____
Metal halide	_____	_____	N/A	_____
Low Pressure Sodium	_____	_____	N/A	_____
High Pressure Sodium	_____	_____	N/A	_____

# Outdoor Lighting

1. Enter the number of lamps and the average wattage per lamp used for outdoor lighting in the facility. Note, be sure to indicate the number of lamps, not fixtures, as many fixtures contain multiple lamps.

Lamp Type	Number In Use	Average Wattage	Ballast Type	Hours Per Week	Control Type
Incandescent	_____	_____	N/A	_____	<input type="checkbox"/> Timer <input type="checkbox"/> Photocell <input type="checkbox"/> Manual Control <input type="checkbox"/> Motion Detector <input type="checkbox"/> Other
Compact Fluorescent	_____	_____	N/A	_____	<input type="checkbox"/> Timer <input type="checkbox"/> Photocell <input type="checkbox"/> Manual Control <input type="checkbox"/> Motion Detector <input type="checkbox"/> Other
4 Ft fluorescent	_____	_____	<input type="checkbox"/> Standard <input type="checkbox"/> High Efficiency <input type="checkbox"/> Electronic	_____	<input type="checkbox"/> Timer <input type="checkbox"/> Photocell <input type="checkbox"/> Manual Control <input type="checkbox"/> Motion Detector <input type="checkbox"/> Other
8 Ft fluorescent	_____	_____	<input type="checkbox"/> Standard <input type="checkbox"/> High Efficiency <input type="checkbox"/> Electronic	_____	<input type="checkbox"/> Timer <input type="checkbox"/> Photocell <input type="checkbox"/> Manual Control <input type="checkbox"/> Motion Detector <input type="checkbox"/> Other
Mercury Vapor	_____	_____	N/A	_____	<input type="checkbox"/> Timer <input type="checkbox"/> Photocell <input type="checkbox"/> Manual Control <input type="checkbox"/> Motion Detector <input type="checkbox"/> Other

Metal halide

\_\_\_\_\_

\_\_\_\_\_

N/A

\_\_\_\_\_

\_\_\_\_ Timer  
\_\_\_\_ Photocell  
\_\_\_\_ Manual Control  
\_\_\_\_ Motion Detector  
\_\_\_\_ Other

Low Pressure Sodium

\_\_\_\_\_

\_\_\_\_\_

N/A

\_\_\_\_\_

\_\_\_\_ Timer  
\_\_\_\_ Photocell  
\_\_\_\_ Manual Control  
\_\_\_\_ Motion Detector  
\_\_\_\_ Other

High Pressure Sodium

\_\_\_\_\_

\_\_\_\_\_

N/A

\_\_\_\_\_

\_\_\_\_ Timer  
\_\_\_\_ Photocell  
\_\_\_\_ Manual Control  
\_\_\_\_ Motion Detector  
\_\_\_\_ Other

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# Cooking Equipment

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1. About how many meals per day are cooked in your facility? \_\_\_\_\_

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2. About what percent of meals are cooked with a microwave?

- 0%
  - 0-5%
  - 6-10%
  - 11-15%
  - 16-20%
  - 21-25%
  - 26-30%
  - 31-35%
  - 36-40%
  - 41-45%
  - 46-50%
  - 51-55%
  - 56-60%
  - 61-65%
  - 66-70%
  - 71-75%
  - 76-80%
  - 81-85%
  - 86-90%
  - 91-95%
  - 96-100%
- 

3. What type of energy does your oven/range use?

- Electricity
  - Natural Gas
  - Other
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3a. If your oven/range uses natural gas, does it have a constantly burning pilot light (Y/N)? \_\_\_\_\_

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4. Have any new major appliances been installed since 1988 (Y/N)? \_\_\_\_\_

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## Office Equipment

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1. How many computers or data terminals do you use?

\_\_\_\_\_ Computers

\_\_\_\_\_ Data Terminals

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2. How many copiers do you use? \_\_\_\_\_

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3. About what percentage of your computers or data terminals are left on at night?

\_\_\_\_\_ 1-10%

\_\_\_\_\_ 11-20%

\_\_\_\_\_ 21-30%

\_\_\_\_\_ 31-40%

\_\_\_\_\_ 41-50%

\_\_\_\_\_ 51-60%

\_\_\_\_\_ 61-70%

\_\_\_\_\_ 71-80%

\_\_\_\_\_ 81-90%

\_\_\_\_\_ 91-100%

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# Laundry Equipment

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1. Does your facility use laundry equipment (Y/N)? \_\_\_\_\_

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2. How many pounds of laundry are done per day? \_\_\_\_\_ lbs/day

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3. How many gas dryers does the facility use? \_\_\_\_\_

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4. How many electric dryers does the facility use? \_\_\_\_\_

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5. How many washers does the facility use? \_\_\_\_\_

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# Hot Tubs & Spas

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1. What is the size (in horsepower) of the water pump on the hot tub/spa?

- NONE
  - .25 HP
  - .5 HP
  - .75 HP
  - 1.0 HP
  - 1.25 HP
  - 1.5 HP
  - 1.75 HP
- 
- 

2. What is the type of heater is used to heat the hot tub or spa?

- Small Electric
  - Medium Electric
  - Large Electric
  - Small Gas
  - Medium Gas
  - Large Gas
  - None
- 
- 

2a. How many hours per week in each season is the hot tub or spa used?

Spring: \_\_\_\_\_ hrs/wk  
Summer: \_\_\_\_\_ hrs/wk  
Fall: \_\_\_\_\_ hrs/wk  
Winter: \_\_\_\_\_ hrs/wk

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3. Is the hot tub covered at night (Y/N)? \_\_\_\_\_

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# Swimming Pools

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1. What is the size (in horsepower) of the pool filter pump?

- NONE
  - .25 HP
  - .5 HP
  - .75 HP
  - 1.0 HP
  - 1.25 HP
  - 1.5 HP
  - 1.75 HP
  - 2.0 HP
  - 3.0 HP
  - 4.0 HP
  - 5.0 HP
- 
- 

1a. About how many hours per week, in each season, does the pool filter pump operate? Enter a whole number between 0 and 168.

Spring: \_\_\_\_\_ hrs/wk  
Summer: \_\_\_\_\_ hrs/wk  
Fall: \_\_\_\_\_ hrs/wk  
Winter: \_\_\_\_\_ hrs/wk

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2. What is the type of heater is used to heat the pool (if any)?

- Small Electric
  - Medium Electric
  - Large Electric
  - Small Gas
  - Medium Gas
  - Large Gas
  - None
- 
- 

2a. About how many hours per week, in each season, does the pool heater operate? Enter a whole number between 0 and 168.

Spring: \_\_\_\_\_ hrs/wk  
Summer: \_\_\_\_\_ hrs/wk  
Fall: \_\_\_\_\_ hrs/wk  
Winter: \_\_\_\_\_ hrs/wk

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## Elevators & Escalators

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1. How many elevators do you have? \_\_\_\_\_

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2. How many single-story escalators do you have? \_\_\_\_\_

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3. How many two-story escalators do you have? \_\_\_\_\_

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4. If you have an escalator, is it turned off after normal business hours (Y/N)? \_\_\_\_\_

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# Seasonal Loads

1. Please enter any major equipment that is used on a seasonal basis and has not already been addressed in this questionnaire (up to 4 items allowed). Examples might include dehumidifiers used seasonally, irrigation pumps for landscape watering, sump pumps or equipment used for special events. If you have multiple units of the same type, combine them into one group.

## Major Seasonal Energy Loads

	Group 1	Group 2	Group 3	Group 4
Equipment Name				
Units of Power	<input type="text"/> Watts <input type="text"/> HP <input type="text"/> BTU/Hr	<input type="text"/> Watts <input type="text"/> HP <input type="text"/> BTU/Hr	<input type="text"/> Watts <input type="text"/> HP <input type="text"/> BTU/Hr	<input type="text"/> Watts <input type="text"/> HP <input type="text"/> BTU/Hr
Size				
Season	<input type="text"/> Spring <input type="text"/> Summer <input type="text"/> Fall <input type="text"/> Winter	<input type="text"/> Spring <input type="text"/> Summer <input type="text"/> Fall <input type="text"/> Winter	<input type="text"/> Spring <input type="text"/> Summer <input type="text"/> Fall <input type="text"/> Winter	<input type="text"/> Spring <input type="text"/> Summer <input type="text"/> Fall <input type="text"/> Winter
Hrs/month				

## Other Major Loads

1. Please list and describe any other major energy loads not already covered or included in this questionnaire that may impact your gas or electric bill (up to 4). For multiple units of the same type, combine them into one group.

### Other Seasonal Energy Loads

	Group 1	Group 2	Group 3	Group 4
Equipment Name				
Units of Power	<input type="text"/> Watts <input type="text"/> HP <input type="text"/> BTU/Hr	<input type="text"/> Watts <input type="text"/> HP <input type="text"/> BTU/Hr	<input type="text"/> Watts <input type="text"/> HP <input type="text"/> BTU/Hr	<input type="text"/> Watts <input type="text"/> HP <input type="text"/> BTU/Hr
Size				
Season	<input type="text"/> Spring <input type="text"/> Summer <input type="text"/> Fall <input type="text"/> Winter	<input type="text"/> Spring <input type="text"/> Summer <input type="text"/> Fall <input type="text"/> Winter	<input type="text"/> Spring <input type="text"/> Summer <input type="text"/> Fall <input type="text"/> Winter	<input type="text"/> Spring <input type="text"/> Summer <input type="text"/> Fall <input type="text"/> Winter
Hrs/month				