General Info Name of Facility/Building _____

Address _____

City _____ Zip Code _____

Point of contact: Name/Title _____

Address _____

Phone _____ E-mail _____

Fax _____ Mobile _____

Building Info Year Built_____ No. of floors_____ Seating Capacity _____

Size of building (sq. ft.)_____ No. of employees during the main shift _____
(Do **not** include unheated spaces)

Building Type/Description _____

Heating System and Fuel_____ Percent of building heated _____

Cooling System_____ Percent of building cooled_____

No. of operating hours per week_____ No. of months operated per year_____

No. of weekdays in operation_____(Operation = times when the majority of building is being used)

Utility Info

Electric Utility_____ Electric Utility Account # _____

Gas Company_____ Gas Company Account # _____

Oil Supplier_____ Oil Supplier Account # _____

Does your building purchase other energy (propane, chilled water, steam or other) ☐ Yes ☐ No

If so, please list the energy source(s) and account information _____

Other Info

Does your facility use any electricity generated on site?   ☐ Yes ☐ No

If so, please list the fuel source and amount of each: _____

What % of your total capacity are you currently running at: _____

INSTRUCTIONS: Please fax, mail or email one completed Building Data Form for each building along with the most recent thirteen (13) consecutive months or more of utility bills, or a completed and signed Utility Data Release Form to:
TRC Energy Services, 900 Route 9 North, Suite 404, Woodbridge, NJ 07095
Phone: (732) 855-0033 Fax: (732) 855-0422 Email: benchmarking@NJCleanEnergy.com

Operating Characteristics

Number of personal computers _____

Commercial food preparation area? ☐ Yes ☐ No   Number of walk-in refrigerators _____

Number of walk-in freezers _____

Commercial laundry on site?   ☐ Yes ☐ No

Has in-unit (private) laundry?   ☐ Yes ☐ No

Does the building have a pool? (check all that apply)   ☐ Yes ☐ No   ☐ Indoor ☐ Outdoor

Open Parking Lot Size (sq.ft.) _____   Enclosed Parking Lot Size (sq.ft.) _____

Parking Lot Lighting? ☐ Yes ☐ No   Building operated on weekends? ☐ Yes ☐ No

Barriers

What are your biggest challenges to implementing energy efficiency work? (check all that apply)

Funds:_____ Time:_____ Expertise:_____ Don't know how to get started:_____ Staff:_____ or Other (please explain): _____

CBECS Areas

Please enter the percentage of your gross area that can be characterized as one of the space types listed below. Do not count spaces twice; pick the most specific choice by using subtypes where applicable. For example, if you have a Medical Clinic, list that space in "Clinic/Other" not "Healthcare (Outpatient)." Total should equal 100%.

Space Type / Subtype	% of Gross Area	Space Type / Subtype	% of Gross Area
Food Sales		Public Assembly	
Grocery Store / Food Market		Entertainment / Culture	
Convenience Store		Library	
Food Service		Recreation	
Restaurant/Cafeteria		Social / Meeting	
Fast Food		Public Order and Safety	
Health Care (Inpatient)		Fire/Police Station	
Specialty Hospital		Courthouse	
Acute Care Hospital		Service (Vehicle Repair, Postal Service)	
Children's Hospital		Storage / Shipping / Warehouse	
Health Care (Long Term Care)		Self Storage	
Health Care (Outpatient)		Non-refrigerated Warehouse	
Medical Office		Refrigerated Warehouse	
Clinic / Other		Distribution/Shipping Center	
Lodging		Worship Facility	
Mall (Strip Mall or Enclosed)		School (Pre-School, K-12, or Religious)	
Office Space		Other (please describe)	