Energy Benchmarking Building Data Form

**Fill out this form and follow the instructions at the bottom
to receive a free energy performance benchmark**

General Info   Name of Facility/Building _____

Address _____

City _____   Zip Code _____

Point of contact: Name/Title _____

Phone _____   E-mail _____

Facility owned by (for profit, not for profit, or governmental) _____

Building Info   Year built_____   No. of floors_____

Size of building (sq. ft.)_____   Maximum number of employees at one time _____
(Do **not** include unheated spaces)

Building Type/Description _____

Heating System and Fuel _____   Percent of building heated _____

Cooling System _____   Percent of building cooled _____

Average Occupancy (%) _____

Number of operating hours per week _____   Number of months operated per year _____

Does the building have a pool? (check all that apply) ☐Yes ☐No   ☐ Indoor ☐ Outdoor
   ☐ Olympic 50X25 ☐ Recreational 20X15 ☐ Short Course 25X20   Heated? ☐Yes ☐No

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

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 _____

Is there a data center? ☐ Yes ☐ No

Commercial food preparation area? ☐ Yes ☐ No

Number of walk-in refrigerators _____

Number of walk-in freezers _____

Commercial laundry on site? ☐ Yes ☐ No

Does property have a retail store? ☐ Yes ☐ No

Does property have a restaurant? ☐ Yes ☐ No

Open parking lot size (sq.ft.) _____

Enclosed parking lot size (sq.ft.) _____

Energy consumed within parking areas? ☐ 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 Food Service, list that space in "Restaurant" or "Fast Food" not "Food Service". 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		School (pre-school, daycare, etc.)	
Mall (Strip Mall or Enclosed)		Religious or Faith Based Facility	
Office Space		Other (please describe)	