



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 _____

Address _____

Phone _____ E-mail _____

Fax _____ Mobile _____

Building Info

Year Built _____ Max. # employees at one time _____

Typical daily occupancy (non-employees, at one time) _____ No. of beds _____

Size of building (sq. ft.) _____ Max # of floors _____

(Do **not** include unheated spaces)

Building Type/Description _____

Heating System and Fuel _____ Percent of building heated _____

Cooling System _____ Percent of building cooled _____

Facility Categories (List % of floor space): Acute Care _____

Children's Hospital _____ Medical Offices _____

Clinic/Other Outpatient Care _____ Long Term Care / Nursing Home _____

Other Inpatient/Specialty Hospital _____ Other _____

Does the hospital provide tertiary care? Yes No

Does the building have an above ground parking facility? Yes No

If yes, list number of floors and size (sq. ft.) _____

Utility Info

Electric Utility _____ Electric Utility Account # _____

Gas Company _____ Gas Company Account # _____

Oil Supplier _____ Oil Supplier Account # _____

Does your building purchase any 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 mail or email one completed Building Data Form for each building along with the most current 12 consecutive months or more of utility bills, or a completed and signed Utility Data Release Form to: Joe Carlamere, TRC Energy Services, 900 Rte. 9 North, Ste. 404, Woodbridge, NJ 07095 or benchmarking@trcsolutions.com



Energy Benchmarking Addendum



Additional Building Information

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

Olympic 50X25 Recreational 20X15 Short Course 25X20

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	_____	Retail (Non-mall Stores, Vehicle Dealership)	_____
Mall (Strip Mall or Enclosed)	_____	Other (please describe)	_____
Office Space	_____	Other (please describe)	_____