



# 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 hours of bldg. occupancy per week \_\_\_\_\_ No. of months bldg. operated per year \_\_\_\_\_

(when the majority of the building is being used)

Is building operated on the weekends?  Yes  No

Size of building (sq. ft.) \_\_\_\_\_ No. of floors \_\_\_\_\_

(Do **not** include any unheated areas)

Building Type/Description \_\_\_\_\_

Heating System and Fuel \_\_\_\_\_ Percent of building heated \_\_\_\_\_

Cooling System \_\_\_\_\_ Percent of building cooled \_\_\_\_\_

### **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 percentage of your total capacity are you currently running at: \_\_\_\_\_

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**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)	_____