



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 _____ No. of Rooms _____

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 _____

Average Occupancy _____ Number of guest meals served per year _____

Size of Full Service Spa (sq.ft.) _____ Size of Gym/Fitness area (sq.ft.) _____

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

Olympic 50X25 Recreational 20X15 Short Course 25X20

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

Additional Building Information

Operating Characteristics

Number of personal computers _____	Is there a common area computer lab? <input type="checkbox"/> Yes <input type="checkbox"/> No
Commercial food preparation area? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of walk-in refrigerators _____
Commercial laundry on site? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of walk-in freezers _____
Does property have a retail store? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of laundry processed annually _____
Does property have a restaurant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of laundry (linen or terry) _____
Open Parking Lot Size (sq.ft.) _____	Enclosed Parking Lot Size (sq.ft.) _____
Energy consumed within parking areas? <input type="checkbox"/> Yes <input type="checkbox"/> No	Building operated on weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No
No. of operating hours per week _____	No. of months operated per year _____

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	_____	Retail (additional info may be required)	_____
Mall (Strip Mall or Enclosed)	_____	Other (please describe)	_____
Office Space	_____	Other (please describe)	_____