



PRELIMINARY ENERGY ANALYSIS- PROJECT DATA

Company _____
 Address _____
 City, St. _____
 Phone _____
 FAX: _____
 Contact _____

DATE: _____
 Facility Name _____
 Facility Contact _____
 PRES Energy Contact _____

Building(s) Information

Type of Facility / Facility Use	% of Total Square Footage	Age of Building(s)	Square Footage	Comments
- Hospital				
- Hotel				
- Office Bldg.				
- Industrial				
- Warehouse / Distribution				
- Instruction Space				
- Labs / Research				
- Other				

Energy Sources used in Facility

Electric _____
 Gas _____
 Oil _____
 Water _____

Other Facility information

Occupancy % of Bldg. _____
 Number of Floors/Bldg _____

Utility	Cost Annually	Usage Annually	Avg. Utility Cost/Unit
Electrical Energy	\$	kWh	unit cost kWh
Electrical Demand	\$	kW	unit cost Kw
Natural Gas	\$	mcf	unit cost mcf
Water	\$	ccf	unit cost ccf

General Operating Schedule (hrs)

	Sun	Mon	Tue	Wed	Thur	Fri	Sat
HVAC (Occupied)							
Lighting (Occupied)							
(Total Hours Occupied)							

Consistent throughout building? Yes No

Comments _____

System Information

Primary Cooling System(s)

DX
 Heat Pump
 Chilled Water

Chiller Type:

Reciprocating
 Centrifugal
 Absorption
 Screw

Refrigerant Type

Issues yes no

Tons _____

Primary Heating System(s)

Electric
 Steam
 Hot Water
 Heat Pump

Boiler Type:

Hot Water
 Steam

Burner Type:

Electric
 Gas
 Fuel Oil

MBH INP: _____

MBH OUT: _____

Domestic Hot Water

Electric

Gas

MBH INP: _____

MBH OUT: _____

AHU Configuration

Constant Volume(CV):

SZ(single zone) _____ comments _____
 CV w/ reheat _____
 MZ(multi-zone) _____
 DD(dual duct) _____

Variable Air Volume(VAV):

Cooling only _____ comments _____
 VAV w/ reheat _____

Laundry	lbs/week	#days/wk	#hrs/day	Comments _____
Incinerator	lbs/week	#days/wk	#hrs/day	
Other				

System	Manufacturer	Type	Date Installed	Last Upgrade	Who Services	Annual Cost
Control System						
Other Equip.						

Lighting

Fluorescent _____ % of building T-8 or T-12? _____ HID Fixtures? HP Sodium or Metal halide? _____ % of building
 Incandescent/Tungsten/Quartz _____ % of building
 Lighting Levels High Medium Low Any Issues? _____

Maintenance / deferred Maint. Issues

How well are building systems maintained- How well are maintenance activities funded?

Great Good Average Poor Very Poor

In-house (Yes/No) _____ Rate/Hour (\$) _____

Service Agreements for Equipment _____ Maintenance Budget _____
 Specific Areas of Operational Concern _____

Briefly Describe Recent System Retrofits Performed in Facilities

Date	Retrofit Performed

Is there asbestos in the building? _____

If so, where _____

Comments: _____

