

Schedule

Office Schedule:

Monday-Friday: _____
Saturday: _____

Plant Schedule:

| | | | | |
|----------------|-------------------|-----------------|----------------|----------------|
| Monday-Friday: | # of Shifts _____ | #1 Hours: _____ | #2 Hours _____ | #3Hours: _____ |
| Saturday: | # of Shifts _____ | #1 Hours: _____ | #2 Hours _____ | #3Hours: _____ |
| Sunday: | # of Shifts _____ | #1 Hours: _____ | #2 Hours _____ | #3Hours: _____ |

Operational HoursPer Year: _____

Facility Data:

No. of Buildings _____

| | | | |
|-----------------|---------------------|-----------------------|-----------------------------|
| Building No. 1: | # of Stories _____ | Basement: _____ | Year of Construction: _____ |
| | Size: _____ sq.ft., | Office: _____ sq.ft., | Warehouse: _____ |
| | Usage: _____ | Occupancy: _____ | Office: _____ Plant: _____ |

1. Is any of the site H.V.A.C equipment older than 15 years? YES NO
2. If site has boilers, are they less than 80% efficient? YES NO
3. Does the site have a building H.V.A.C. automation system? YES NO
4. Is there a data room on-site? YES NO
5. Does the site have pneumatic controls? YES NO
6. Is there a multi-zone air handler? YES NO
7. Is the H.V.A.C equipment all electric (No Gas Heating)? YES NO
8. Does the building have B.A.S system? YES NO

Utility:

Electric (Account No. or Meters): _____
Annual Consumption _____ kWh

Natural Gas (Account No. or Meters): _____
Annual Consumption _____ MMBTU

Water: _____, Sewer: _____