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 _____

Hospital owned by (for profit, not for profit, or governmental) _____

Building Info Year Built _____ No. of floors _____ Number of Beds _____

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 _____

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

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, Attn: Benchmarking, 317 George Street, Suite 520, New Brunswick, NJ 08901
Phone: (732) 855-0033 Email: benchmarking@NJCleanEnergy.com

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

Does property have a laboratory? ☐ Yes ☐ No   Number of MRI Machines _____

Does property have a data center? ☐ Yes ☐ No

Open Parking Lot Size (sq.ft.) _____   Enclosed Parking Lot Size (sq.ft.)_____

Parking Lot Lighting? ☐ Yes ☐ No   Building operated on weekends? ☐ Yes ☐ 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 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		Worship Facility	
Mall (Strip Mall or Enclosed)		School (Pre-School or K-12)	
Office Space		Other (please describe)	