



# 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 \_\_\_\_\_ No. of floors \_\_\_\_\_

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 \_\_\_\_\_

No. of operating hours per week \_\_\_\_\_ No. of months operated per year \_\_\_\_\_

Building operated on weekends?  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

If so, please list the fuel source and amount of each: \_\_\_\_\_

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

Has in-unit (private) laundry?  Yes  No

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

Open Parking Lot Size (sq.ft.) \_\_\_\_\_

Enclosed Parking Lot Size (sq.ft.) \_\_\_\_\_

Parking Lot Lighting?  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, list space in "Non-refrigerated warehouse, etc." not "storage/shipping/warehouse" Total should equal 100%.

<u>Space Type / Subtype</u>	<u>% of Gross Area</u>	<u>Space Type / Subtype</u>	<u>% of Gross Area</u>
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, K-12, or Religious)	_____
Office Space	_____	Other (please describe)	_____