



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 _____

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

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

Commercial food preparation? Yes No Number of walk-in refrigerator/freezers _____

Commercial laundry on site? Yes No Number of personal computers _____

At what % of total capacity is the building currently operating? _____

Is a nutrient removal process used? Yes No Fixed film trickle filtration process? Yes No

Average effluent biological oxygen demand (BOD5) _____ Plant design flow rate _____

Average influent biological oxygen demand (BOD5) _____ Average influent flow _____

Open parking lot size (sq.ft.) _____ Enclosed parking lot size (sq.ft.) _____

Parking lot lighting? Yes No Does property include administrative offices? 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, if you have a Shipping Warehouse, list that space in "Non-refrigerated" not "Storage/Shipping" 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, K-12, or Religious)	_____
Office Space	_____	Other (please describe)	_____