



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 _____ Seating Capacity _____

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 _____

No. of weekdays in operation _____ (Operation = times when the majority of building is being used)

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

Additional Building Information

Operating Characteristics

Number of personal computers _____

Commercial food preparation area? Yes No

Commercial laundry on site? Yes No

Has in-unit (private) laundry? Yes No

Does the building have a pool? (check all that apply)

Number of walk-in refrigerators _____

Number of walk-in freezers _____

Yes No Indoor Outdoor

Open Parking Lot Size (sq.ft.) _____

Enclosed Parking Lot Size (sq.ft.) _____

Parking Lot Lighting? Yes No

Building operated on weekends? 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 Medical Clinic, list that space in "Clinic/Other" not "Healthcare (Outpatient)." Total should equal 100%.

Space Type / Subtype	% of Gross Area
Food Sales	_____
Grocery Store / Food Market	_____
Convenience Store	_____
Food Service	_____
Restaurant/Cafeteria	_____
Fast Food	_____
Health Care (Inpatient)	_____
Specialty Hospital	_____
Acute Care Hospital	_____
Children's Hospital	_____
Health Care (Long Term Care)	_____
Health Care (Outpatient)	_____
Medical Office	_____
Clinic / Other	_____
Lodging	_____
Mall (Strip Mall or Enclosed)	_____
Office Space	_____

Space Type / Subtype	% of Gross Area
Public Assembly	_____
Entertainment / Culture	_____
Library	_____
Recreation	_____
Social / Meeting	_____
Public Order and Safety	_____
Fire/Police Station	_____
Courthouse	_____
Service (Vehicle Repair, Postal Service)	_____
Storage / Shipping / Warehouse	_____
Self Storage	_____
Non-refrigerated Warehouse	_____
Refrigerated Warehouse	_____
Distribution/Shipping Center	_____
Worship Facility	_____
School (Pre-School, K-12, or Religious)	_____
Other (please describe)	_____