



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 _____ Daily occupancy non-employee _____

Size of building (sq. ft.) _____ Max employees at one time _____
(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 Number of floors _____

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

Commercial laundry on site? Yes No

Has in-unit (private) laundry? Yes No

Surgery center floor area (sq.ft.) _____

Open parking lot size (sq.ft.) _____

Parking lot lighting? Yes No

Number of walk-in refrigerators _____

Number of walk-in freezers _____

Number of surgical operating beds _____

Number of MRI machines _____

Enclosed parking lot size (sq.ft.) _____

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 "Medical Office" or "Clinic Other" not in the "Health Care" section only. 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)	_____