

ENERGY USE SELF-ASSESSMENT



An energy self-assessment is a great way to improve efficiency and reduce operation costs at your business. Unfortunately, not all businesses have the time or manpower to do so. Now, Focus on Energy can help you do the work by providing custom recommendations after you complete the following survey!

This self-assessment is intended to create a basic inventory and assessment of the major energy-consuming equipment in your facility. Focus on Energy can assist you in developing energy efficient practices or research the installation of new energy efficient equipment. This tool is designed to be quick and easy to use. Simply complete and submit this form to Focus and an energy advisor will review your self-assessment and provide you with an evaluation that will identify ways to save energy. On top of that, Focus will provide you with a list of cash incentives you might qualify for that will help pay for energy efficiency projects.

- Directions:**
1. Complete the self-assessment. You can either print and handwrite your answers or utilize the fillable fields within the electronic document on our Web site.
 2. Return the completed assessment to Focus on Energy.
 - a. Fax to: 262.284.4003
 - b. Mail to: Focus on Energy; Attn: Self-Assessment Team; 403 W. Foster St.; Port Washington, WI 53074
 - c. Questions? Call 888.598.4376

For more information on how Focus on Energy can help your commercial business, visit focusonenergy.com/commercial. If you have any questions, please contact Focus on Energy at 888.598.4376.

GENERAL INFORMATION

Business Name		Parent Company		
Address		City	State	ZIP Code
Contact Name		Building is: <input type="checkbox"/> owned <input type="checkbox"/> leased		
Phone Number	Fax Number	Email Address		
Electric Utility	Electric Account Number	Utility Rep Name		
Gas Utility	Gas Account Number	Utility Rep Name		

BUILDING INFORMATION

Building Use (check all that apply): Hotel/Motel Office Retail Warehouse Healthcare Food Service Other: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Occupied Hours	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____

Age of Building	Total Square Footage	Number of Stories/Floors
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Exterior Description

Windows: <input type="checkbox"/> Newer, insulating glass <input type="checkbox"/> Functional <input type="checkbox"/> Leaky/drafty	Quantity	Size (total square feet)
Doors: <input type="checkbox"/> Newer, insulating glass <input type="checkbox"/> Functional <input type="checkbox"/> Leaky/drafty	Quantity	Size (total square feet)
Is there insulation on/in the attic or ceiling nearest the roof? <input type="checkbox"/> Yes <input type="checkbox"/> No	If possible, describe insulation composition, condition & thickness	

Any plans for upgrading or expanding this facility: No Yes, briefly describe plans and date

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HEATING, VENTILATION AND AIR CONDITIONING Please check applicable types of equipment in the building and if available give additional information:

Type	Quantity	Make	Model	Size	Btu/hr or kW	Age/Year
Boiler						
Forced Air Furnace						
Rooftop Unit						
Split System						
PTAC/PTHP						
Chiller						
Heat Pump						
Cooling Tower						
Electric Baseboard						
Other:						

Who maintains this equipment? <input type="checkbox"/> Staff Member <input type="checkbox"/> Outside Contractor	Contact Name	Phone Number
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Describe ventilation systems/exhaust fans that supply and exhaust building air	Temperature control: <input type="checkbox"/> Building automation system <input type="checkbox"/> Standard thermostat(s) <input type="checkbox"/> Programmable thermostat(s)
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Temperature settings during occupied hours: Winter _____ °F Summer _____ °F	Temperature adjusted during unoccupied hours? <input type="checkbox"/> Yes <input type="checkbox"/> No
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WATER HEATING Please check applicable types of equipment in the building and if available give additional information:

Type	Make	Model	Storage Tank Size (gallons)	Temperature set to °F	Age/Year
Natural Gas Water Heater					
Electric Water Heater					
Boiler with Indirect Water Heater					
Other:					





Showers? No Yes, approximately how many?

LAUNDRY/MISC. COOKING EQUIPMENT

Laundry:	Number of Washers	Number of Dryers	Average Loads per Day
Cooking:	Number of Ovens	Number of Refrigerators	Number of Freezers

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LIGHTING Please check applicable types in the building

Description of Existing Light Fixtures	Number of Each Type of Fixture	Hours per Week	Controlled by
4-foot fluorescent with 34 watt or 40 watt lamps and magnetic ballast 	<input type="checkbox"/> Fixture with 1 lamp <input type="checkbox"/> Fixture with 2 lamps <input type="checkbox"/> Fixture with 3 lamps <input type="checkbox"/> Fixture with 4 lamps		<input type="checkbox"/> Switch <input type="checkbox"/> Timer <input type="checkbox"/> Other
8-foot fluorescent with 60 watt or 75 watt lamps and magnetic ballast 	<input type="checkbox"/> Fixture with 1 lamp <input type="checkbox"/> Fixture with 2 lamps		<input type="checkbox"/> Switch <input type="checkbox"/> Timer <input type="checkbox"/> Other
Incandescent Bulbs 	<input type="checkbox"/> Fixture up to 75W bulb <input type="checkbox"/> Fixture over 75W bulb		<input type="checkbox"/> Switch <input type="checkbox"/> Timer <input type="checkbox"/> Other
Exit Signs 	<input type="checkbox"/> Fluorescent Bulbs <input type="checkbox"/> Incandescent Bulbs		

Exterior Lighting (decorative, security, signage, parking lot) please describe

Number of Neon Signs

VENDING/ ICE MACHINES

Number of Snack Machines

Number of Cold Beverage Machines

Number of Ice Machines

Air Cooled Water Cooled

Make

Model

SWIMMING/WATER FACILITIES

Pool Type	Pool Heater Information					
	Type	Make	Model	Efficiency	Btu/hr Rating	Age/Year
Lap Pool						
Activity Pool						
Whirlpool						
Children's Pool						
Other:						

Using heat recovery from a dehumidifier to heat pool water? Yes No Don't know

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FOOD SERVICE SPECIFIC INFORMATION

KITCHEN EXHAUST

Is make up air supplied directly to the kitchen hood? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the hood fan on all the time? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, list hours:	
Quantity	Size	Motor Size	Air Flow Rate

COMMERCIAL KITCHEN EQUIPMENT

Type	Gas or Electric	Are units ENERGY STAR® qualified?
Fryers	<input type="checkbox"/> Gas <input type="checkbox"/> Electric	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hot Holding Cabinets		<input type="checkbox"/> Yes <input type="checkbox"/> No
Steam Cookers	<input type="checkbox"/> Gas <input type="checkbox"/> Electric	<input type="checkbox"/> Yes <input type="checkbox"/> No
Griddles	<input type="checkbox"/> Gas <input type="checkbox"/> Electric	
Braising Pan		
Broilers	<input type="checkbox"/> Gas <input type="checkbox"/> Electric	Types:
Convection Ovens	<input type="checkbox"/> Gas <input type="checkbox"/> Electric	
Combination Ovens	<input type="checkbox"/> Gas <input type="checkbox"/> Electric	
Other Equipment:		

REFRIGERATION

Reach-in refrigerator/freezers/display cases	Who Maintains	Phone
Dimensions of walk-in cooler-freezer(s)	Temperature	Age
Are all compressors located in one area? <input type="checkbox"/> Yes <input type="checkbox"/> No	Quantity	Size
Square Feet of Space Served	Size of Units	
Ice Machines Quantity	Ice Machines Make	Ice Machines Model <input type="checkbox"/> Water Cooled <input type="checkbox"/> Ice Cooled

DISHWASHING

Dishwashing Equipment: <input type="checkbox"/> Low Temperature <input type="checkbox"/> High Temperature	If high temperature, is your booster heater: <input type="checkbox"/> Gas <input type="checkbox"/> Electric
Size (kW or Btu/hr)	Make and Model Number of Dishwasher
Age	Approximate Racks per Day

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HEALTHCARE SPECIFIC INFORMATION

Total Number of Beds

Medical equipment: Please list major energy-consuming equipment

OTHER

Do you have numerous motor, pumps, and pools/vats in the building? Yes No

Briefly describe any other special equipment required for your operations

Are there other concerns relating to energy use at this facility?

Is an energy reduction plan/policy in place?
