



## Site Survey Form – Energy Analysis

Date: \_\_\_\_\_

**Site Details** (Please include your contact information to ensure a prompt reply)

<b>Project Name</b>			
<b>Company Name</b>			
<b>Primary Contact</b>	Contact Name:		Phone No.:
	Email Name:		Cell No.:
<b>Technical Contact</b>	Contact Name:		Phone No.:
	Email Name:		Cell No.:
<b>Project Location</b>	Address:		
	City/Province:		

### General

<b>Project Timeline</b>	<input type="checkbox"/> < 6 months	<input type="checkbox"/> 6 - 12 months	<input type="checkbox"/> > 12 months
<b>Building</b>	<input type="checkbox"/> School	<input type="checkbox"/> Industrial	<input type="checkbox"/> Retirement Home
	<input type="checkbox"/> University	<input type="checkbox"/> Hospital	<input type="checkbox"/> Multifamily
	<input type="checkbox"/> Office/Commercial	<input type="checkbox"/> Condominium	<input type="checkbox"/> Hotel
	<input type="checkbox"/> Restaurant	Recreation Centre's	
	<input type="checkbox"/> Other:		
	<b>No. of Rooms/Units or Specify:</b>		
	<b>Other comments:</b>		
<b>Is project new construction or retrofit?</b>			
<b>Approximate building(s) size?</b>			
<b>Motivation</b>	<input type="checkbox"/> Environmental	<input type="checkbox"/> Energy Saving	<input type="checkbox"/> Infrastructure Imp.
	<input type="checkbox"/> Fixed Cost of Energy	<input type="checkbox"/> Back-up Power	<input type="checkbox"/> Secure Power

### Electrical

<b>Utility Provider:</b>		<b>If other specify:</b>	
<b>Est Average (kW):</b>		<b>Multiple Meters</b>	<input type="checkbox"/> Yes (No.: )
<b>Base Load (kW):</b>			<input type="checkbox"/> No
<b>Peak Load (kW):</b>			
<b>Avg Monthly &amp; Yearly Usage (kWh):</b>			
<b>Service Size (Amps):</b>			
<b>Service Voltage:</b>	<input type="checkbox"/> 240/120V Single Ph.	<input type="checkbox"/> 208V 3 Phase 3 Wire	<input type="checkbox"/> 480V 3 Phase 3 Wire
<b>Does Facility Have Use for Standby Power in the event of a utility failure?</b>			
<b>Size</b>			

### Thermal Load Heating

<b>Length of Average Heating Season (months)</b>		
<b>Is there Natural Gas to the Site?</b>	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	
<b>What Fuel is Available</b>		
<b>Avg Monthly &amp; Yearly Usage (GJ):</b>		

### Heating Sources

Type	Fuel/Energy Source	Size	Use
<input type="checkbox"/> Boiler	<input type="checkbox"/> Natural Gas		<input type="checkbox"/> Domestic Hot Water
<input type="checkbox"/> Steam	<input type="checkbox"/> Propane		<input type="checkbox"/> Hydronic Heating
<input type="checkbox"/> Other	<input type="checkbox"/> Oil		<input type="checkbox"/> Domestic & Hydronic
	<input type="checkbox"/> Electric		<input type="checkbox"/> Swimming Pool / Hot Tub
	<input type="checkbox"/> Dual Oil/Nat. Gas		<input type="checkbox"/> Laundry Services
	<input type="checkbox"/> Other		<input type="checkbox"/> Other
	<input type="checkbox"/> N/A		

### Thermal Load Cooling

<b>Length of Average Cooling Season (months)</b>		
<b>Is there an existing chilled water loop?</b>	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	
<b>Does facility have a 2 pipe or 4 pipe system?</b>		
<b>Avg Monthly &amp; Yearly Usage (GJ):</b>		

Type	Fuel/Energy Source	Size	Use	COP
<input type="checkbox"/> Rooftop	<input type="checkbox"/> Air Cooled		<input type="checkbox"/> Climate Control	
<input type="checkbox"/> Reciprocating	<input type="checkbox"/> Water Cooled		<input type="checkbox"/> Processing Control	
<input type="checkbox"/> Absorption			<input type="checkbox"/> Other	
<input type="checkbox"/> Other				

**Comments:**