



Site Survey Form – Energy Analysis

Date: _____

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

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

General

Project Timeline	<input type="checkbox"/> < 6 months	<input type="checkbox"/> 6 - 12 months	<input type="checkbox"/> > 12 months
Building	<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:		
	No. of Rooms/Units or Specify:		
	Other comments:		
Is project new construction or retrofit?			
Approximate building(s) size?			
Motivation	<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

Utility Provider:		If other specify:	
Est Average (kW):		Multiple Meters	<input type="checkbox"/> Yes (No.:)
Base Load (kW):			<input type="checkbox"/> No
Peak Load (kW):			
Avg Monthly & Yearly Usage (kWh):			
Service Size (Amps):			
Service Voltage:	<input type="checkbox"/> 240/120V Single Ph.	<input type="checkbox"/> 120/208V 3 Phase 4 Wire	
	<input type="checkbox"/> 277/480V 3 Phase 4 Wire	<input type="checkbox"/> 347/600V 3 Phase 4 Wire	
Does Facility Have Use for Standby Power in the event of a utility failure?			
Size			

Thermal Load Heating

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

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

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

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: