

ELECTRICAL USAGE QUESTIONNAIRE

CLIENT: _____ CONTACT: _____
PERSON: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

Headquarter or Primary Main office location: _____
Do you own the facility in which you operate our business? _____
If NOT, Enclose a copy of the lease agreement and owner's Contact Information

1. ELECTRICAL USAGE BREAKDOWN

Please estimate as close as possible what % of your total electrical bill (load) is accounted for by each category. The total must add up to 100%.

- A. Lighting _____ %
- B. Air conditioning _____ %
- C. Refrigeration _____ %
- D. Plug-in office equipment _____ %

2. COMPANY INFORMATION

- A. How long has your company been in business? _____
- B. What is the nature of the business? _____
- C. How long has your company been at the current facility(s)? _____
- D. Have you built any expansions in the last 5 years? _____
- E. Do you plan any building expansions in the next 6 months? _____
- F. What is your average electrical bill of the last 3 years? _____ (copies of bills must be provided?)

3. FACILITY INFORMATION

- A. How old is your facility? _____
- B. How many electric meters do you have? _____
- C. How many electric breaker panel boxes do you have? _____
(Consider sub-panel boxes an extension of the main panels)
- D. What is the average monthly bill for the facility during peak summer months? _____
(Average several summer (winter) months and all meters together.) Please include all
- E. What is the average number of KWh you are billed for at this facility per month? _____
(Average all meters together) _____ KWh per month (Use commas)
- F. What rate are you being charged per KWh in cents? _____
- G. How many square feet is your facility? _____ square feet (Use commas)
- H. How many buildings are included in this single site facility? _____
- I. How many shifts do you usually run pr day? _____
- J. Rate your facilities electrical wiring & distribution system _____
- K. How close is your facility to electrical capacity? _____ % of capacity.

4. PRE-EXISTING POWER CORRECTION

- A. What % of your lights or equipment that turn on and off with motion or infrared detectors? _____
- B. What % of your lights has voltage regulators, voltage controllers or dimmer switches? _____
- C. What % of your PC's are treated with energy saving devices? _____

- D. What % of your refrigerated vending machines are treated with energy saving devices? _____
- E. What % of your refrigerator/freezer systems are treated with energy saving devices or additives? _____
- F. What % of your air conditioners are individually treated with energy saving devices? _____
- G. What % of motors have Variable Frequency Drivers ("VFD")installed? _____
- H. What % of motors have capacitors installed on or very near the motor? _____

5. EQUIPMENT INFORMATION

- A. What is the voltage of your lighting?
- B. What type of lighting is in the business by %?
Incandescent ___% Fluorescent ___% Hid ___%
- C. What % of your lighting is on dedicated circuits? _____

6. OTHER EQUIPMENT INFORMATION

- A. How many total inductive motors over 5 hp do you have at your facility (i.e. compressors, pumps
Comp? _____ evaporators? _____ MAAC? ___ Grinders? _____
Band Saws? _____ Vacuum pumps? _____
- B. Do your air conditioners operate with Freon or ammonia, or do you have both types? _____
- C. What % relative to total square footage of your facility is air-conditioned? _____
- D. How many weeks a year are your facilities air-conditioned? _____
- E. How many weeks a year are your facilities heated by electric heat? _____
- F. How many space heaters do you have? _____
- G. Approximately how many PC's do you have? _____
- H. How many refrigerated vending machines do you have? _____
- I. What voltage does most of your equipment operate at? (12,240,480, other) _____

7. SPECIAL EQUIPMENT

Please check whether you have any of the following equipment and approximate the percentage of your total facility electrical load consumed by this equipment.

- A. Synchronos Motors _____? Of total Motor load
- B. Arc Welders _____% of total ELECTRICAL load
- C. Tig or Mig Welders _____% of total ELECTRICAL load
- D. Resistive Ovens _____% of total ELECTRICAL load (Ovens for Plastic)
- E. Inductive Ovens, Heating or Furnaces _____% of total ELECTRICAL load
- F. Electroplating or Electrostatic processes _____% of total ELECTRICAL load
- G. DC Motors _____% of total MOTOR load
- H. Rectifiers or DC Charges _____% of total ELECTRICAL load

8. OTHER SPECIAL EQUIPMENT

- A. Mainframe Computer System with dedicated room: Yes? _____ No? _____
- B. UPS System: Yes? _____ No? _____
- C. Hospital Emergency Room: Yes? _____ No? _____

Note to Surveyors: Walk thru analysis will be processed based upon the information provided. Analysis will not be sent back for further clarification if information is missing or erroneous. Inadequate or inaccurate information on the Walk-thru Questionnaire may result in substantial inaccuracies in savings projections, payback or Roi projections. Answers to non-required fields are helpful in producing this analysis and are essential for producing a Project design from a site survey.