

Facility Survey (Special Purpose)

Customer Information

Customer Name

Customer Facility Contact Name

Customer Address/Facility Address

Email Address

City

Phone Number

State

Zip

Facility Information

(Please complete this form for each building that you wish to be evaluated.)

Name of Facility. _____

How many buildings make up the property? _____

What is the primary use of each building or areas of the building? (Explain all uses.)

Is the building(s) owned/leased/or rented?

When was the property built? _____

What is the total gross square footage of the building(s)? _____

What are the hours of operation? _____

Is there a cooling tower on the property? YES _____ NO _____

Is there a Building Automation System (BAS) on the property? YES _____ NO _____ Operational? YES ___ NO ___

What is the primary voltage coming into the facility? _____

What is the total annual electric spend for the facility? _____

Do you have any contractor(s) that you have a preference to work with? YES_____ NO _____

Is there back up/emergency generation on site? _____

Please submit a copy of a recent electric bill with this form to info@ouscapital.com.

Questionnaire – Lighting

Has a lighting retrofit been completed at this building in the past 5 years? YES _____ NO _____

What type of **lighting** does the property have? *Please provide what you know or can estimate.*

Do you have FLUORESCENT (T12, T8, T5, etc.)? YES ____ NO ____

Type	Location (Indoor/Outdoor)	Est. Number of Fixtures	Wattage	Hours of Operation

Do you have COMPACT FLUORESCENT ('CFL')? YES ____ NO ____

Location (Indoor/Outdoor)	Est. Number of Fixtures	Wattage	Hours of Operation

Do you have HID lighting (Mercury Vapor, Metal Halide, High Pressure Sodium)? YES ____ NO ____

Type	Location (Indoor/Outdoor)	Est. Number of Fixtures	Wattage	Hours of Operation

Questionnaire – HVAC

Has an HVAC upgrade been completed at this building in the past 5 years? YES _____ NO _____

How many **rooftop HVAC units** (RTU's) are on the site? _____

What is the average age of the RTU's? _____

Smallest RTU unit *tonnage*: _____ Largest RTU unit *tonnage*: _____

Are they equipped with economizers? YES _____ NO _____

How many thermostats are on site? _____ Thermostat Voltage _____

Thermostat Control Type: AC _____ DC _____

What setting is the HVAC fan mainly kept at? AUTO _____ On _____

Please provide your HVAC contractor/service provider name and contact information:

Questionnaire – Refrigeration

Has a refrigeration system upgrade been completed at this building in the past 5 years? YES _____ NO _____

Do you have walk-in coolers? YES _____ NO _____

How many do you have? _____

What size(s) are they? Cooler #1: L _____ W _____ H _____
Cooler #2: L _____ W _____ H _____
Cooler #3: L _____ W _____ H _____
Cooler #4: L _____ W _____ H _____

Do you have walk-in freezers? YES _____ NO _____

How many do you have? _____

What size(s) are they? Freezer #1: L _____ W _____ H _____
Freezer #2: L _____ W _____ H _____
Freezer #3: L _____ W _____ H _____
Freezer #4: L _____ W _____ H _____

Please provide your Refrigeration contractor/service provider name and contact information:

Questionnaire – Other

COOLING TOWERS: Is there Cooling Tower(s)? YES _____ NO _____

Explain/Describe _____

Size and Age _____

CHILLER/BOILER SYSTEM: YES _____ NO _____

Describe/Explain _____
