

Facility Energy Survey (template)

Building _____

Date _____

Name _____

Phone # _____

Responsible for what part of the Building _____

Email: _____

1. Please complete this survey checklist yourself to the best of your abilities. You do not need to answer all questions. This activity will get you familiar with the energy end-uses of your building. *Please do not spend more than 30 min - 1hr because we will go into more detail later during the site visit.*
2. Return the form to: Jessica Abralind, DES – OSEM, x0628, jabralind@arlingtonva.us.
3. Make an appointment with Jessica Abralind for a site visit.

If you find problems or items in need of repair during your while filling out this survey, please report it to Facilities Maintenance, Phone x4422.

Pre-Survey Information

- 1) Review energy usage data at website (<http://web.energycap.com/>).

Username:

Password:

Datasource:

- 1) Building operating hours are:

Monday ___ to ___

Tuesday ___ to ___

Wednesday ___ to ___

Thursday ___ to ___

Friday ___ to ___

Saturday ___ to ___

Sunday ___ to ___

- 2) List major energy consuming functions in your building (e.g. labs, kitchens, etc...).

- 3) Please note recent or planned changes in hours, uses of the building, or new programs.

Office and Kitchen Equipment

Item	Description	Yes	No	N/A	Corrective Action / Comments / Additional Info / Count and Location (if applicable)
1	Are PC monitors shut off, or on sleep, mode at the end of the work day?				
2	Are copying machines shut off, or on sleep mode, at the end of the work day?				
3	Are fax machines shut off, or on sleep mode, at the end of the work day?				
4	Other energy-using office equipment?				
5	Is any office equipment plugged in but not utilized or underutilized?				
6	Are water coolers shut off at the end of the work day?				
7	Are coffee machines and vending machines shut off when not in use?				
8	Other energy-using kitchen equipment?				
9	General Equipment Comments				

Lighting

Item	Description	Yes	No	N/A	Corrective Action / Comments / Additional Info / Count and Location (if applicable)
10	Areas to change incandescent lights to fluorescent or LED (light emitting diode) lights? County policy is to not use incandescent lighting.				
11	Are exit signs LED?				
12	Large areas to install occupancy sensors?				
13	Are there lights in your workspace that are not necessary and could be removed?				
14	Is lighting only used when needed?				
15	Are lights shut off afterhours/weekends?				
16	Other lighting concerns?				
17	Are light switch stickers needed to remind people to turn off lights when not in use?				
18	General lighting comments				

Heating and Cooling

Item	Description	Yes	No	N/A	Corrective Action / Comments / Additional Info / Count and Location (if applicable)
19	Do the heating/cooling controls match occupancy hours?				
20	Are heating thermostats set to maintain 72°F or lower, and set back during unoccupied hours?				
21	Is air conditioning (A/C) set for 75°F or higher, and set back during unoccupied hours?				
22					
23	Are warehouses / enclosed garages and apparatus spaces heated to 60°F or lower?				
24	Are there many fans or portable electric space heaters used by occupants?				
25	What do you hear most often regarding this building's heating/cooling & comfort?				
26	General heating/cooling Comments				

Building Envelope

Item	Description	Yes	No	N/A	Corrective Action / Comments / Additional Info / Count and Location (if applicable)
27	Are doors/windows kept closed during heating and cooling season?				
28	Is weather stripping adequate around windows/doors? (reduce air leaks)				
29	Are windows in need of shades to reduce/block the sun?				
30	Do any doors/ windows have trouble closing, allowing air leaks?				
31	Building walls too hot/cold, need insulation				
32	General Comments?				

Water

Item	Description	Yes	No	N/A	Corrective Action / Comments / Additional Info / Count and Location (if applicable)
33	Is domestic hot water at lowest possible setting (105°F-110°F) for general purpose?				
34	Are there any leaking faucets?				
35	All bathroom sinks use low flow faucets?(~.5 gpm)				
36	All showers low flow? (~2.0 gpm)				
37	Are all urinals low flow (less than 0.5 gpf)?				
38	Are toilets low flow? (less than 1.3 gpf)				
39	Water using equipments ENERGY STAR labeled (clothes washers, dish washers)?				
40	Other major water uses in the building?				
41	General Water Comments				

Occupant awareness

Item	Description	Yes	No	N/A	Corrective Action / Comments / Additional Info / Count and Location (if applicable)
42	Are AIRE (Arlington Initiative to Reduce Emissions) materials displayed throughout the building? What is your understanding of the materials?				
43	Would you like additional energy conservation educational materials (Posters, Usage data, Light stickers)?				
44	Do you have access to the utility bills to know what your energy usage and costs are on a monthly or annual basis?				
45	Are you aware of the County's goal to reduce energy use by 10%, and are occupants aware of it?				
46	Is there planned energy outreach and education in your building/department?				
47	Is department leadership aware and supportive of energy saving goals? Acknowledge success?				
48	Has the building received any 3 rd party recognition (ENERGY STAR or other)?				
49	General Comments				

Other

Please use this space to make any additional notes of other energy concerns not addressed in this survey.