

CBCL ENERGY AUDIT FORM - SMALL COMMERCIAL AND INSTITUTIONAL/PUBLIC BUILDINGS

Exterior Wall Type: _____

Exterior Wall Insulation Level: _____

Roof Type: _____

Roof or Other Insulation Level: _____

Ventilation System: Naturally Ventilated Mechanically Ventilated

Ventilation System Comments: _____

Is the Building Air Conditioned? Yes No

Cooling (A/C) System 1: _____

Runtime (Hours/Day): _____

Controls: _____

Condition Comment: _____

Cooling (A/C) System 2: _____

Runtime (Hours/Day): _____

Controls: _____

Condition Comment: _____

LIGHTING - Number and Type of Light Fixtures (CFL, FL, INCAD, HPS, LED, MH, MV, etc.)

Indoor Lighting

Area/Space 1: _____

Fixture Type: _____

Hours ON/Day: _____

Type of Control: _____

Area/Space 2: _____

Fixture Type: _____

Hours ON/Day: _____

Type of Control: _____

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Exterior Lighting

Fixture Type 1:	_____
Input Watts:	_____
Hours ON/Day:	_____
Type of Control:	_____

Fixture Type 2:	_____
Input Watts:	_____
Hours ON/Day:	_____
Type of Control:	_____

Comments: _____

Domestic Hot Water System - Type, Condition, Age: _____

Major Appliances (Approximate Age):

Refrigerator	_____
Deep Freeze (check how full)	_____
Stove	_____
Dishwasher	_____
Deep Freeze (check how full)	_____

EXISTING RENEWABLE ENERGY:

Project 1:
Energy Source:
No. of Units
Avg Capacity:

COMMENTS: (check for gaps around exterior penetrations, exterior damage or rot, drainage problems, renewable energy equipment in use, other large energy loads such as pumps, fans, heaters, etc)

