

Community		Inventoried by			
Part I — Building Details (required information)					
Building Name		Date Today			
Facility Owner		Year Built			
Street Address		Zip Code			
Contact information for Facility Owner or Manager					
Contact Name	Title	Email	Phone		
<i>Check items in each section below. If building features are mixed, check all options that apply.</i>					
Building Use	<input type="checkbox"/> Office <input type="checkbox"/> Education <input type="checkbox"/> Healthcare <input type="checkbox"/> Food Service <input type="checkbox"/> Lodging <input type="checkbox"/> Store <input type="checkbox"/> Public Assembly <input type="checkbox"/> Warehouse <input type="checkbox"/> Other:				
Square Footage	OR	Length x Width	# of Stories	# of Rooms	Approx. Ceiling Height at Wall
Is it heated?	<input type="checkbox"/> Yes <input type="checkbox"/> No (no heating system) <input type="checkbox"/> Heating system not working				
<i>If building is not heated, just fill in to here PLUS lighting questions below</i>					
Building Type	<input type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> Brick/stone <input type="checkbox"/> Other:				
Foundation Type	<input type="checkbox"/> Pier/pilings <input type="checkbox"/> Slab <input type="checkbox"/> Crawlspace <input type="checkbox"/> Full basement				
Roof Type	<input type="checkbox"/> Steel <input type="checkbox"/> Asphalt <input type="checkbox"/> Cedar <input type="checkbox"/> Tar Paper <input type="checkbox"/> Other:				
Ceiling Type	<input type="checkbox"/> Flat (cold attic) <input type="checkbox"/> Vaulted <input type="checkbox"/> Other:				
Windows	<input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Triple pane			How many?	
	<input type="checkbox"/> Wood <input type="checkbox"/> Vinyl <input type="checkbox"/> Other:			Any broken?	
Exterior Doors	<input type="checkbox"/> Insulated <input type="checkbox"/> Uninsulated <input type="checkbox"/> Mix			How many?	
Insulation or Ventilation Issues	<input type="checkbox"/> Water stains on ceiling <input type="checkbox"/> Ice or water on bottom of windows <input type="checkbox"/> Mold present <input type="checkbox"/> Other (describe in Notes)				
Building Condition	<input type="checkbox"/> Falling Apart <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> New				
Lighting (check any that apply)	INDOOR: <input type="checkbox"/> LED <input type="checkbox"/> CFL <input type="checkbox"/> Incandescent <input type="checkbox"/> Other:				
	OUTDOOR: <input type="checkbox"/> LED <input type="checkbox"/> CFL <input type="checkbox"/> Incandescent <input type="checkbox"/> Other:				
Insulation R-Values (if known)	Floor / Walls / Ceiling		Exterior Walls		
	/ /		<input type="checkbox"/> 2x4 <input type="checkbox"/> 2x6 <input type="checkbox"/> Other:		
Facility Notes					

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Part II – Building Use			
Building Occupancy		# of Occupants	Operating Hours
	Mon-Fri		
	Saturday		
	Sunday		
			OR
			Operating Hours
			No. of Occupants
Thermostat Settings (in Winter)	Day	Overnight	Programmable Thermostat
			HRV (or HVAC)
			___ Installed ___ Programmed
			___ Installed ___ In Use
Water Heater	___ Side-arm (Off boiler) ___ Oil-fired ___ Electric ___ On Demand ___ None		
Arctic Entry?		Is Arctic Entry Left Open in Winter?	
Part III – Renovation History			
Renovation Type	Yes/No?	Year (if known)	Notes
Energy audit			
Indoor lighting			
Outdoor lighting			
Insulation			
Wiring			
Control Systems			
Windows			
Roof			
Other			
Part IV – Energy Sources and Use			
Energy Sources	Primary	Secondary	Fuel Consumption
			OR Annual Cost (\$/year)
Heating Oil			Gallons/year: \$ -
Wood (Type?)			Cords/year: \$ -
Electricity			kWh/year: \$ -
Natural Gas			CCF or Therms/year: \$ -
Propane			Lbs. or Gallons/year: \$ -
Coal			Tons/year: \$ -
Waste Heat			# of Rooms Heated: \$ -
OR	Request utility bills for the <u>most recent two-year period</u> for <u>each energy source</u> used		
	Req. Date		Requested from
	Notes		

Instructions for Community Liaisons or Energy Champions

WHICH BUILDINGS TO BENCHMARK

- ★ **Do Benchmark:** Public and Community Buildings
 - Buildings owned by City, Tribe, State or Federal Agencies
 - Examples: Community hall, clinics, offices, maintenance buildings, post office, fire hall, warehouses

- ★ **Optional:** Privately owned buildings
 - Churches, stores, other commercial buildings

WORKING WITH BUILDING OWNERS OR FACILITY MANAGERS

- ★ **Talk with Building Owners or Managers before You Begin**
 - Find out what a good time will be to do the benchmarking.
 - Ask if they can go over form with you to fill in what they know. This could be sitting down in their office or on site during the building walk through.
 - Ask if they would like to walk through the building with you. If not, ask for permission to tour it on your own.
 - If they have questions or concerns you can't address, ask them to contact Lawrence Sorensen at BBNA (contact info below) or ask if you can share their contact info so Lawrence can contact them.
- ★ **Request Utility Bills or Annual Energy Cost**
 - Ask building owners/managers if they have utility bills from the last two years we can make copies of. (Preferable).
 - Or they can fill in annual cost and fuel consumption on the form itself.

BENCHMARKING TOOLS AND TIPS

- ★ **The Only Tools You Need**
 - Clipboard, benchmarking form, pencil, tape measure, flashlight. *Please WRITE LEGIBLY!*
- ★ **Some Benchmarking Tips**
 - Hold a flashlight to the window and count the reflections to see how many panes it has
 - The thickness of the wall will tell us its approximate R value. You can measure the door jamb.
 - Insulated doors are commonly metal, vinyl or plastic. Wooden doors are generally not insulated.

PROJECT TIMELINE

- ★ **Sooner is Better!**
 - The sooner we finish, the sooner we can move on to actions that will save our communities money every day!