

Business Name:

Contact Name:

Contact Number:

Installation Address:

Worksheet for Lighting Projects

Project Description: _____

Existing Lighting System "Before"

ID	Location within facility	Description of Fixture/Control	Watts/Fixture	Fixture Qty	Total Watts	Hours/Yr. Op.	kWh/Yr.
A							
B							
C							
D							
E							
F							
G							
H							
I							
J							
Total							

New Lighting System "After"

ID	Location within facility	Description of Fixture	Watts/Fixture	Fixture Qty	Total Watts	Hours/Yr. Op.	kWh/Yr.
A							
B							
C							
D							
E							
F							

G							
H							
I							
J							
Total							

Business Name:

Contact Name:

Contact Number:

Installation Address:

Worksheet for Lighting Controls Project

New Equipment System "After Upgrade"

ID	Location within facility	Proposed Equipment	Type (occupancy sensor, daylight harvesting etc)	Quantity	Hours/Yr. Op.	Watts Controlled
A						
B						
C						
D						
E						
F						
G						
H						
I						

Business Name:

Contact Name:

Contact Number:

Installation Address:

Worksheet for Compressed Air Project

Project Description: _____

Existing Equipment/ System "Before Upgrade"

ID	Location within facility	Current Equipment (include efficiency rating)	Purpose	Age	kW/ HP/ ton	Hours/Yr. Op.	kWh/Yr.
A							
B							
C							
D							
E							
F							
G							
H							
I							

New Equipment System "After Upgrade"

ID	Location within facility	Proposed Equipment	Purpose	Age	kW/HP/ ton	Hours/Yr. Op.	kWh/Yr.
A							
B							
C							
D							
E							
F							
G							
H							

I							
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Business Name:

Contact Name:

Contact Number:

Installation Address:

Worksheet for Motors/Drives Project

Project Description: _____

Existing Equipment/ System "Before Upgrade"

ID	Location within facility	Current Equipment (include efficiency rating)	Purpose	Age	kW/ HP/ ton	Hours/Yr. Op.	kWh/Yr.
A							
B							
C							
D							
E							
F							
G							
H							
I							

New Equipment System "After Upgrade"

ID	Location within facility	Proposed Equipment	Purpose	Age	kW/HP/ ton	Hours/Yr. Op.	kWh/Yr.
A							
B							
C							
D							
E							
F							
G							
H							

I							
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Business Name:

Contact Name:

Contact Number:

Installation Address:

Worksheet for HVAC Project

Project Description: _____

Existing Equipment/ System "Before Upgrade"

ID	Location within facility	Current Equipment (include efficiency rating)	Purpose	Age	kW/ HP/ ton	Hours/Yr. Op.	kWh/Yr.
A							
B							
C							
D							
E							
F							
G							
H							
I							

New Equipment System "After Upgrade"

ID	Location within facility	Proposed Equipment	Purpose	Age	kW/HP/ ton	Hours/Yr. Op.	kWh/Yr.
A							
B							
C							
D							
E							
F							
G							
H							

I							
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