



BUILDING WALK-THROUGH ENERGY ASSESSMENT FORM

Date:

Facility Name:

Facility Address:

Name of Facility Operator:

Phone Number:

Email Address:

Function or Use of Facility:

Facility Hours of Operation:

Total Floor Area of Facility (sq. ft):

Year of Construction:

Year of Additions (if applicable):

Additional buildings using utilities:

Renovations or Updates Completed to Date:



To conduct the energy assessment, walk through the building, room by room and around the exterior/building perimeter, to evaluate the criteria listed below. Ideally, this should be completed with building manager or operator. Take pictures, where applicable, and record notes/observations in the blank space provided.

BUILDING EXTERIOR

DOORS

- Number of exterior doors
 - Orientation of doors
 - Material type (wood, metal)
 - Gaps between door and frame
 - Condition of caulking/seal around frame of each
 - Condition of weather stripping
-

WINDOWS

- Number of windows
 - Number of glass panes
 - Orientation of window
 - Insulation
 - Condition of caulking/seal between frame and wall
 - Any gaps when opening/closing?
-

**OUTDOOR/SECURITY
LIGHTING**

- Number of fixtures
 - Type of bulbs
 - Wattage
 - Occupancy/motion sensor
-

OTHER



PARKING LOT

LIGHTING

- Number of fixtures
- Type of bulb
- Wattage
- Motion activated or lighting hours

BLOCK HEATER PLUG-INS

- How it is activated? (e.g. temperature)
- Operating system (can they be put on rotations?)

OTHER

- Idle free signage?



LANDSCAPING

WATER

- Rain barrel
- Condition of eaves troughs
- Access to water taps
- Type of irrigation (e.g. spray, drip, micro, hand-watered [watering can/hose with or without a spray valve])
- Irrigation system winterized?
- When/how is irrigation schedule updated (i.e. weather, temp)

COMPOSTING

- Available onsite?
- If onsite, how is the soil used?

OTHER



INDOOR TEMPERATURE

THERMOSTAT

- Programmable?
- Who has access?
- Rooms individually controlled or whole building on one system?
- Adjusted based on occupancy?

FURNACE

- Type (i.e. electric, gas)
- Forced air, radiator (air or water)
- How often is the filter replaced

AIR CONDITIONING

- Age/ date installed
- Energy Star or model #
- How often is the filter replaced

OCCUPANT COMFORT

- Issues/complaints about temperature
- Use of personal heaters or fans?

OTHER



HOT WATER

HEATER

- Age/date installed (note model #)
- Type (i.e. gas, electric)
- Noticeable heat loss (feel tank)
- Insulation

PIPES

- Insulation
- Look at outlet and inlet pipes
- Condition (i.e. leaks?)

OTHER



HALLWAYS

LIGHTING

- Number of bulbs/fixtures
 - Type of bulbs
 - Wattage
 - Placement (i.e. ceiling, lamp)
 - Occupancy sensor or light switch
 - Lighting left on when room vacant?
 - Replacement process
-

EXIT SIGNS

- Number of signs
 - Illuminated?
 - Type of bulbs
-

WINDOWS

- Number of windows
 - Insulation
 - Seal around frame
 - Coverings (blinds, curtains)
used for light and temperature
 - Orientation
-

AIR VENTS/RADIATOR

- Location
 - Type
 - Blocked or covered?
-

ELECTRICAL OUTLETS

- Total number of each
- Insulation (does it feel hot/
cold?)



HALLWAYS CONTINUED

OTHER



KITCHEN

APPLIANCES

- Energy Star or brand/model #
 - Condition of gasket/seal; coils
 - Temperature of fridge, freezer, oven (dial setting and actual)
 - Dishwasher schedule (daily/full load)
 - Toaster; toaster oven; kettle; coffee machine; microwave; oven; stove; fridge; freezer; dishwasher
-

LIGHTING

- Number of bulbs/fixtures
 - Type of bulbs
 - Wattage
 - Placement (e.g. ceiling, lamp)
 - Occupancy sensor or light switch
 - Lighting left on when room vacant?
 - Bulb replacement process
 - Happy with light in room?
-

FAUCETS

- Number of faucets
 - Flow rate
 - Temperature of water
 - Leaks observed
-

WINDOWS

- Number of windows
- Insulation
- Seal around frame
- Coverings (blinds, curtains) used for light and temperature
- Orientation



KITCHEN CONTINUED

AIR VENTS/RADIATOR

- Location, type
- Blocked or covered?

ELECTRICAL OUTLETS

- Total number of each
- Insulation (does it feel hot/cold?)

OTHER



WASHROOM

FAUCETS

- Number of faucets
- Flow rate
- Temperature of water
- Any leaks present

TOILET

- Number of toilets
- Tank capacity
- Any leaks present

URINAL

- Number of urinals
- Flow rate
- Any leaks present

SHOWER

- Number of showerheads
- Flow rate
- Any leaks present

HAND DRYING

- Type: Paper towel, reusable towels,
or electric hand dryer (model #)
- Type of paper used (note % PCR)
- Number of hand dryers



WASHROOM CONTINUED

LIGHTING

- Number of bulbs/fixtures
- Type of bulbs
- Wattage (fluorescent tubes only)
- Placement (i.e. ceiling, lamp)
- Occupancy sensor or light switch
- Lighting left on when room vacant?
- Replacement process

OTHER



ROOM (1/2)

LIGHTING

- Number of bulbs/fixtures
- Type of bulbs
- Wattage (fluorescent tubes only)
- Placement (i.e. ceiling, lamp)
- Occupancy sensor or light switch
- Lighting left on when room vacant?
- Replacement process

WINDOWS

- Number of windows
- Orientation
- Insulation
- Seal around frame
- Coverings (blinds, curtains) used for light and temperature

FAUCETS

- Number of faucets
- Flow rate
- Temperature of water
- Any leaks present

AIR VENTS

- Location
 - Type
 - Blocked or covered?
-



ROOM (2/2)

ELECTRICAL OUTLETS

- Total number of each
- Insulation (does it feel hot/cold?)

COMPUTER

- Sleep mode or screen saver
- Shut down computer at end of night?
- Printer settings (B&W, double sided)
- Energy Star or model #

OTHER ELECTRONICS

- Energy Star or model #
- Stand alone items used (e.g. desktop printer)
- Smart power bars used?

OTHER



ELECTRICITY - MISCELLANEOUS

VENDING MACHINES

- Hours of operation
- Energy Star or model #

WATER COOLERS

- Quantity
- Source of water (i.e. store, tap)
- Refillable jugs

POWER BARS

- Quantity
- Smart Power Bars in place?

OTHER



FIXTURE COUNTS - COMPLETE FOR EACH ROOM

ROOM:

TOTAL NUMBER OF LIGHT FIXTURES:

LED CFL Flourescent tubes Incandescent

TOTAL NUMBER OF SHOWERHEADS:

TOTAL NUMBER OF HANDHELD SPRAYERS:

TYPICAL INDOOR AIR TEMPERATURE:

Day Time Evening Overnight

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