Date:	 	
Office:	 	
Contact:	 	



ENERGY AUDIT WORKSHEET

Section 1: General Information

Building Name: _____

Building Operating Hours: _____ to _____, M-F

Section 2: Lighting

	Item	Yes	No	N/A	Comme	ents / Action	Requested
1	Are there fixtures with low efficiency lights/bulbs that can be changed to more efficient lights/bulbs?				Location	Туре	Quantity
2	Are there areas where the lights or fixtures are unnecessary and could be removed/deactivated?				Location	Туре	Quantity
3	Is lighting turned off when not in use, such as after regular office hours and/or during the weekends?				Comments:		
4	Would you like to install occupancy sensors for automated lighting control over certain areas?				Locations:		
5	Would you like to install local switches for more targeted control over very large areas?				Locations:		

	Item	Yes	No	N/A	Comments	/ Action Requested
6	Are light switch stickers already in place to remind office staff to turn off lights when not in use?				Location	Quantity
7	Any special lighting needs/concerns?					
8	General Comments:					

Section 3: Water

	Item	Yes	No	N/A	Comments / Action Requested
9	Are there any leaking faucets or faucets often left running? Are water conservation stickers alreaedy in place to remind office staff to report leaks?				If "Yes," locations of problems:
10	Do all sinks use low flow faucets? (~2.0 gpm)				If "No," locations of problems:
11	General Comments:				

Section 4: Heating and Cooling

	Item	Yes	No	N/A	Comments / Action Requested
12	If heating/cooling control is accomplished from a central computer, does the system schedule match your occupancy?				If "No," what is the specific problem?
13	Are HVAC controls set to follow the university's Standards of Comfort policy? Clink on link below: <u>http://www.ecu.edu/facility_serv/fssp/334021.doc</u>				
14	Do occupants us personal fans or portable electric space heaters in the office?				Type Location
15	Are there any areas that consistently feel too hot or too cold?				If "Yes," location(s) of problems:
16	What do you hear most often regarding this building	s's tem	perati	ure, leve	el of comfort, or heating and cooling schedule?
	General Comments:				
17					

Section 5: Building Envelope

	Item	Yes	No	N/A	Comments / Action Requested
18	Are windows and doors kept closed at all times during the heating and cooling seasons?				If "No," locations of problems:
19	Do all windows and doors close properly?				If "No," locations of problems:
20	Are seals and weather stripping around all of the windows and doors adequate and in good repair?				If "No," locations of problems:
21	Are there any windows in need of blinds or solar film in order to reduce or block out the sunlight?				Locations:
22	General Comments:	1	L		

Section 6: Office Equipment and Behaviors

	Item	Yes	No	N/A	Comments / Action Requested
23	Are computers and monitors put into sleep or hibernate mode when not in use and shut off at the end of each day and during weekends?				If "No," locations of problems:
24	Are printers, copiers, fax machines and other office equipment put into sleep or hibernate mode when not in use and shut off at the end of each day and during weekends?				If "No," locations of problems:
25	Are overhead projectors turned off after each use?				If "No," locations of problems:
26	Are Teaching Workstations shut down after each use, at the end of the day and during weekends?				If "No," locations of problems:
27	Are occupants slaying "Vampire Energy" by unplugging small appliances and electronics (e.g. microwaves, coffeepots, and chargers) when not in use and at the end of the day?				
28	Have occupants replaced incandescent light bulbs in their personal desk lamps with CFLS or LEDS?				
	General Comments:	<u>.</u>		I	

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Section 7: Miscellaneous

	Item	Yes	No	N/A	Comments / Action Requested
31	Do you currently receive monthly energy usage data and/or utility cost reports for your office?				
32	Are promotional materials displayed throughout your office to raise staff awareness about energy?				
33	Would you like additional energy conservation educational materials (i.e. posters, usage data, lighting stickers) to use within your office?				If "Yes," how many of each?
34	Are there other sources of major energy use in your office that were not covered in this audit?				If "Yes," please explain:
35	General Comments on energy waste in your building	5:			