Demand Response Partnership Program
Building Assessment Survey

Name:
Email address:
Phone
Building Name:
Building Address:

General Building Information

1. What is the nature of your business?
   ___Corporate ___Non-Profit
   ___Federal Government ___State Government
   ___Education ___Tribal Government
   ___Investor ___Local Government

2. What is the building type (select all that apply)?
   ___Office ___Laboratory ___Retail
   ___Datacenter ___Library ___Stadium/Arena
   ___Healthcare ___Lodging ___Warehouse
   ___Education ___Military ___Other: _____
   ___Manufacturing ___Restaurant

3. Year initial construction completed (provide details on any major renovations, if relevant):

4. What is the building's square footage (total AND conditioned)?

5. How many levels is the building?

6. What are the hours & days of operation of the building?

7. How many occupants are in the building during operating hours?

8. Owner occupied/leased?

9. Describe the HVAC configuration (e.g., central plant, rooftop units, tonnage):

Building Equipment Information

Please provide the following information. If building does not include system/equipment, please enter "N/A". Detail is appreciated.

10. Energy management system (EMS) or building automation system (BAS) system manufacturer (e.g., Honeywell, Siemens, etc):

    a. What energy usage equipment does the EMS/BAS control? (Select all that apply)
       ___HVAC ___Lighting
       ___Pumps ___Other: _____

11. What type of chillers to do you have? (e.g., compression/ absorption, electric/natural gas, air/water-cooled):

12. Describe any thermal storage on site:

13. Describe any renewables on site (e.g., solar PV, solar thermal, wind, etc), including how much power in KW is generated by the system on a peak summer afternoon:

14. Describe any cogeneration on site, including power in KW is generated by the system on a peak summer afternoon:

15. Is the building equipped with a separate lighting control system? (Y/N)

    a. Are any of the lighting areas connected to motion or photo sensors? (Y/N)

    b. For areas with lighting connected to photo sensors, are there skylights or windows (fenestrations)? (Y/N)

16. Describe any real time monitoring and/or metering enabled on existing equipment:

17. Temperature set points in the different functional areas of the building:

18. Describe any utility or energy service company -installed a smart or interval data recording (IDR) meter(s) on the building:

19. Have you had an Energy Assessment and/or Audit performed in the last three years? (Y/N)

    a. If so, are you willing to share the findings with us? (Y/N)

Utility Information

20. Utility provider (energy):

21. Contract term:

22. Rate change notification method: (Select all that apply)
    ___phone call ___email ___text message
    ___fax ___online account ___other: _____

23. Utility rate schedule your building is currently on.

24. Connected load (kW):

25. Billed usage (KWH) and peak demand (KW) from your most recent utility bill.

26. Approximate breakdown of summer peak period (%)
    a. HVAC loads:
    b. Lighting loads:
    c. Plug loads:
    d. Other (specify):

Demand Response

27. Is the building currently enrolled in a demand response program? (Y/N)

    a. If yes, with what utility or program provider? (e.g., SCE, NV Energy, EnerNoc, Constellation, NAPP, ECS)

    b. What program? (e.g., Demand Bidding, Critical Peak Pricing)

    c. What type of demand response program? (day ahead, day of, both, other)

    d. Briefly describe DR control strategies (shed plan):
       HVAC:
       Lighting:
       Plug loads:
       Other (specify):

    e. How much shed are you able to achieve (kW)?
       HVAC:
       Lighting:
       Plug loads:
       Other (specify):

    f. Please characterize your overall experience with your current demand response provider. (positive, negative, neutral)

    g. Please provide any feedback on your experience with this program.

    h. DR event notification method (select all that apply)
       ___phone call ___email ___text message
       ___fax ___online account ___Other: _____

28. Excluding current enrollment, if any, has the building ever been enrolled in a demand response program previously? (Y/N)

    a. If yes, with what utility or program provider? (e.g., SCE, NV Energy, EnerNoc, Constellation, NAPP, ECS)

    b. Which demand response program, if applicable? (e.g., Demand Bidding, Critical Peak Pricing)

    c. What type of demand response program? (day ahead, day of, both, other)

    d. Please characterize your overall experience with your current demand response provider. (positive, negative, neutral)

    e. Please provide any feedback on your experience with this program.

29. Cost for ADR enablement (indicate separate costs if possible e.g., programming, installation, etc):

30. Utility incentives received for ADR enablement (type e.g., SCE TA/TI and value):

31. What equipment are you willing to curtail during a demand response event?
    ___HVAC ___Plug loads
    ___Lighting ___Not willing to curtail

32. Are you willing to allow space temperatures to rise during a demand response event? (Y/N)

33. Describe any load shifting strategies implemented during demand periods (e.g., majority of operations take place during the morning or night time hours): (or enter "N/A")

34. Describe any critical load that cannot be curtailed: (or enter "N/A")

35. Please highlight the particular drivers and barriers to DR participation that apply to your project.

36. Any additional comments?