

USDA ENERGY AUDIT PROGRAM

1. BUSINESS BACKGROUND INFORMATION:

Date __ / __ / ____

Business Name: _____

Contact Person: _____

Address: _____

Email: _____

Phone: _____

Fax: _____

Principal Product / Service: _____

Working Hours:

From ____ A.M. to ____ P.M.

Number of days per week: _____

Number of weeks per year: _____

Number of holidays per year when business is not operating. This information will affect the operating time calculations: _____

Area of the facility in sq. ft. : _____

Labor rate for in-house maintenance including fringe benefits: \$ _____ per hour

Are the Energy Bills available (Electric, Natural Gas or other fuels) for at least past 12 months?

YES / NO

If YES, provide them to us.

If NO, provide

Electricity Rate: \$ _____/kWh

Electric Demand Rate: \$ _____/kW

Natural Gas Rate: \$ _____/MCF or \$ _____/dtherm

Propane Rate: \$ _____/Gallon

Or Other Fuels: Fuel: _____ \$ _____/

Total Annual Energy Cost:

Electricity \$ _____/year
Electric Demand \$ _____/year
Natural Gas \$ _____/year
Propane \$ _____/year
Other Fuel _____ \$ _____/year

Comments or other Information: