



Pre-Assessment Survey
Syracuse University
Industrial Assessment Center

Phone: 315-443-1523
Fax: 315-443-9099
Email: iac@ecs.syr.edu
<http://iac.syr.edu/>



Please complete this survey as best as possible, and return it to the address below along with copies of your last twelve months' electric and fuel bills.

F.J. Carranti, P.E., Director
S.U. Industrial Assessment Center
149 Link Hall, Syracuse University
Syracuse, NY 13244

CONTACT INFORMATION

Company Name: _____

Mailing Address: _____

Street Address: _____

Contact Person: _____

Title: _____

Phone: _____ Ext. _____

Fax: _____

E-mail: _____

Company Website: _____

How did you hear about our service? _____

Driving directions to your plant (please attach a separate sheet or map, if necessary):

GENERAL INFORMATION

Principal product(s): _____

SIC code(s): _____

NAICS code(s): _____

Number of employees: _____

Are your employees in a union or collective bargaining unit? Y / N

Labor plus overhead rate for production personnel: _____

Labor plus overhead rate for maintenance personnel: _____

Shift Structure:

Shift	Time	Days/Week	Weeks/Year	Number of Employees
1 st				
2 nd				
3 rd				
Office				

Do you have a formal startup procedure for the plant? Y / N

UTILITY INFORMATION

Natural Gas

Delivery Company: _____

Supplier: _____

Fuel Oil

Type of oil: _____

Size of tank: _____

Delivery schedule: _____

Supplier: _____

Please list any other fuels or specialty gases (coal, propane, CO₂, nitrogen, etc.):

Electricity

Number of meters: _____

Do you correct for power factor? Y / N

Delivery Company: _____

Supplier: _____

Water

Cost per year: _____

Gallons used per year: _____

Are you treating water? _____

Sewer

Cost per year: _____

Trash

Cost per year: _____

Hazardous wastes: _____

Recyclables: _____

Do you generate any of your own power? Y / N

Please list any processes that require heating (other than space heat):

Please list any processes that require refrigeration:

PHYSICAL PLANT INFORMATION

Number of buildings: _____

Total plant size (ft²): _____

Buildings:

Area	Size (ft ²)	Age	Use

Do you have any type of contracted maintenance Y / N

Do you have a plant layout or floor plan? Y / N

If so, please make those available to us on the date of the assessment.

Do you have a motor inventory? Y / N

If so, please make those available to us on the date of the assessment.

Are employees and management happy with existing lighting levels? Y / N

Are there any lighting concerns? Y / N

Has the facility had a lighting retrofit installed in the past? Y / N

If so, what was installed? _____

HVAC Systems

Central Heating

Steam/hot water or forced air: _____

Is there a boiler? Y / N Horsepower? _____

If so, is there contracted maintenance on the boiler? Y / N

Does the boiler have a dual fuel boiler? Y / N

Fuel: _____

Pressure of boiler: _____

Annual steam usage: _____

Annual steam cost: _____

Control Strategies

How is temperature controlled? _____

Where are thermostats located? _____

Are setback timers used? Y / N

Are ceiling fans used for destratification? Y / N

Do you have any air conditioners/heat pumps? Y / N

Do you have any ventilation fans or air makeup stations? Y / N

PRODUCTION EQUIPMENT

Compressors

Type	Horsepower	Annual Hours of Operation

Line pressure: _____

Pressure required for the plant: _____

Do you have air leaks? Y / N

Do you have any motors greater than 50 hp? Y / N

Do you have any cooling towers? Y / N

Do you have any chillers? Y / N

Do you use any ovens? Y / N

Major Concerns

Please list those areas that you consider the best opportunities for savings or improvement, or items that you think are problematic. You should consider energy usage, manufacturing methods and productivity, and waste reduction. This will help us to best focus our efforts (attach an additional sheet, if necessary).

Who should receive copies of our assessment report?

Name	Title	Mailing Address