



Commercial/Industrial Energy Audit Form

Company Name Account # Date

Location Contact name

Phone # Email:

Pre-Audit Information

Gross Floor Area, ft²

Total Conditioned Area ft²

Conditioned Area, heated only ft² Conditioned Area, cooled only ft²

Conditioned Area, heated & cooled ft²

Number of conditioned floors: Above grade: Below grade:

Year of Construction:

Natural Gas service for heating? (y/n)

Brief Building Description:

PRELIMINARY BUILDING USE

Average Hours/Week Average Weeks/Year

Average Number of Occupants during Normal Occupied Period

After Hours Cleaning (y/n)



OVERALL BUILDING SCHEDULE

Schedule during months of

Days	M	T	W	Th	F	Sat	Sun	Hol.
Hours Open								
Hours Closed								
Peak no. of occupants								
Avg. no. of occupants when open								

Notes:

REVISIONS TO ORIGINAL BUILDING FUNCTIONS

Discuss/describe revisions to the original functions of the building pertaining to current energy efficiency or longevity:

Has Jackson EMC ever conducted an on-site energy audit of this location? (y/n)

If so, when was it conducted?

What energy savings initiatives came out of the on-site visit?