

FROM: _____ FAX NO: _____

COMPANY: _____ EMAIL: _____

DATE: _____ TIME: _____

MESSAGE: _____

INTRODUCTORY SCREEN:

1. Analysis Units: Metric Other
2. Analysis File: Office Hotel Hospital Other

BUILDING INFORMATION SCREEN:

3. Facility/Building Name: _____
4. Building Location: _____
5. Reference Weather File: Adelaide Brisbane Canberra Melbourne Perth
 Sydney Darwin Auckland Christchurch Wellington

6. Building Heating System

(Choose ONE system and enter fuel cost)

- Steam Boiler, Natural Gas Cost per MJ: _____
- Water Boiler, Natural Gas Cost per MJ: _____
- Steam Boiler, Fuel Oil Cost per Litre: _____
- Water Boiler, Fuel Oil Cost per Litre: _____
- Steam Boiler, Electric Cost per kWh: _____
- Water Boiler, Electric Cost per kWh: _____
- Hydronic Heat Pump Cost per kWh: _____
- Conventional Heat Pump Cost per kWh: _____
- High Efficiency Heat Pump Cost per kWh: _____
- Electric Resistance Heat Cost per kWh: _____
- Natural Gas Furnace Cost per MJ _____
- Fuel Oil Furnace Cost per Litre: _____
- No Heating System _____
- No Heating Evaluation _____
- Other _____ Cost per _____ :

7. Building Cooling System

(Choose ONE system and enter fuel cost)

- Water Cooled Chillers(s) Cost per kWh: _____
- Hydronic Heat Pump Cost per kWh: _____
- Absorption Chiller, Fuel Oil/Steam Cost per MJ: _____
- Absorption Chiller, Fuel Oil/Steam Cost per Litre: _____
- Air Cooled Cost per kWh: _____
- Packaged Cost per kWh: _____
- Conventional Cost per kWh: _____
- High Efficiency Heat Pump Cost per kWh: _____
- Through Window A/C Units Cost per kWh: _____
- Through Wall A/C Units Cost per kWh: _____
- No Cooling System _____
- Other _____ Cost per _____ :

8. Fuel Inflation Rate (%) _____

ZONE INFORMATION SCREENS (Enter data for up to 5 zones):

Orientations Screen:

Zone Number:	1	2	3	4	5
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9. Orientation:
 (Enter N, S, E, W, NE, SW, SE OR NW)

10. Vertical Glass:
 (Describe type of glass by thickness, single or double pane, clear or tinted)

11. Horizontal Glass:
 (Describe type of glass by thickness, single or double pane, clear or tinted)

12. Building Film 1:
 (Enter "Best" or specific film Name)

13. Building Film 2:
 (Enter "Best" or specific film Name)

14. Zone Film (s):
 (Enter "Best" or specific film Name for each zone)

BUILDING CONSTRUCTION SCREEN:

		1	2	3	4	5
15. Exterior Wall Type:	<input type="checkbox"/> Insulated Metal Curtain Wall	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(Check appropriate wall type for each zone):	<input type="checkbox"/> Frame Wall with Brick Veneer	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Insulated Frame Wall	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Uninsulated Brick on Block	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Insulated Brick on Block	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Uninsulated Concrete	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Insulated Concrete	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Typical Insulated Wall	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Zone Number:	1	2	3	4	5
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16. Zone Wall Width:
 (Enter width of each zone)

17. Zone Depth:
 (Enter depth of each zone – distance from window to wall)

18. Ceiling Height:

19. Number of Floors:
 (Enter number of floors in each zone)

20. Vertical Glass:

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(Enter vertical glass area for each zone. Indicate if area is Per floor or for the Entire Zone)

21. Horizontal Glass:

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(Enter horizontal glass area in each zone)

HVAC SCHEDULE SCREEN:

Zone Number:

1	2	3	4	5
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22. Cooling Set Point:

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(Enter cooling thermostat setting)

23. Heating Set Point:

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(Enter heating thermostat setting)

24. HVAC Hours Per Day:

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(Enter number of hours heating/cooling system operates each day)

25. HVAC Days Per Week:

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(Enter number of days heating/cooling system operates each week)

26. Ventilation:

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(Enter percentage of HVAC fresh air)

LOADS INFORMATION SCREEN (Check appropriate load levels and enter hours per day for each zone):

Zone Number:

1	2	3	4	5
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27. Occupancy Level:

<input type="checkbox"/>	High	<input type="checkbox"/>	High	<input type="checkbox"/>	High
<input type="checkbox"/>	Medium	<input type="checkbox"/>	Medium	<input type="checkbox"/>	Medium
<input type="checkbox"/>	Low	<input type="checkbox"/>	Low	<input type="checkbox"/>	Low

Hours/Day:

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28. Equipment Level:

<input type="checkbox"/>	High	<input type="checkbox"/>	High	<input type="checkbox"/>	High
<input type="checkbox"/>	Medium	<input type="checkbox"/>	Medium	<input type="checkbox"/>	Medium
<input type="checkbox"/>	Low	<input type="checkbox"/>	Low	<input type="checkbox"/>	Low

Hours/Day:

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29. Lighting Level:

<input type="checkbox"/>	High	<input type="checkbox"/>	High	<input type="checkbox"/>	High
<input type="checkbox"/>	Medium	<input type="checkbox"/>	Medium	<input type="checkbox"/>	Medium
<input type="checkbox"/>	Low	<input type="checkbox"/>	Low	<input type="checkbox"/>	Low

Hours/Day:

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