**MSU-IAC**

Pre-Assessment Questionnaire

**Company Name:**

[ENTER NAME]

**Plant Layout:**

*Please provide a PDF copy of the plant layout for your facility.*

**Main Energy Consuming Equipment:**

*Please provide the following information on the equipment which is responsible for consuming the major portions of energy in your plant.*

**Lighting:**

1. Does your facility have interior LED lighting? [Yes or No]
2. Does your facility have exterior LED lighting [Yes or No]
3. Does your facility use any type of lighting controls? [Yes or No]

\*This includes daylighting or photocell controls, occupancy sensors etc.

**HVAC:**

1. Is your facility air conditioned? [Yes or No]
2. Is your facility heated with natural gas OR electricity (heat pumps?)
3. Please provide additional information about your facility HVAC equipment below.

Heating/Cooling:

|  |  |  |  |
| --- | --- | --- | --- |
| Name/Brand | Capacity [in BTU or in tons] | # of units | Location of unit |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Heating Thermostat Temperature: °F

Cooling Thermostat Temperature: °F

**Motors/Pumps:**

1. Does your facility use motors or pumps in manufacturing processes? [Yes or No]
2. If use motors/pumps, please provide additional information below.

Motor Drives:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Power [HP] | # of units | VFD? [Yes or No] |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Pumps:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Power [HP] | # of units | VFD? [Yes or No] |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Air Compressors:**

1. Does your facility use compressed air? [Yes or No]
2. If use compressed air, please provide additional information below.

Air Compressors:

|  |  |  |  |
| --- | --- | --- | --- |
| Name/ Brand | Power [HP] | # of units | Additional information |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Process Equipment**

1. Please provide information about any additional equipment specific to your manufacturing process(es).

Any other energy intensive equipment:

|  |  |  |  |
| --- | --- | --- | --- |
| Name/ Type | Capacity/Size | # of units | Additional information |
|  |  |  |  |
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**Manufacturing Process**

*Please provide a process flow chart or diagram of your company’s manufacturing process(es). Or please provide a written description below.*

**Final Information**

1. Please provide any important information on safety or PPE needed for your facility.
2. Are there any particular problems areas with respect to energy consumption or waste that you would like the team to pay special attention to?
3. Please provide any additional comments in regard to the assessment.
4. May we take photographs at your facility? [Yes or No]