

Emacx Demand Control Assessment - Hospitals

Please fill in the following information and return to Emacx for an evaluation of your facility.
Fax completed form to (973) 243-0887 or email to cgray@emacx.com

Facility Name:

Location, City, State:

Total Square Footage:

Number of Patient Beds:

Electrical Utility:

Energy Supplier (kWh commodity) if different from utility:

12 Months of Electrical Billing Information

Please fill in as much information as possible. Assessment accuracy increases with more information.
Include billing information from utility and energy supplier (if applicable). Highlighted fields are mandatory.

Month	Demand (kW)	Total Demand Charges (\$)	Energy Usage (kWh)	Total Energy Charges (\$)
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				

Equipment Information

Existing VFDs - Briefly describe total number of VFDs installed, type of equipment being controlled, etc.

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Chillers - Please list all chillers, include tonnage, energy type (electric/steam/gas).

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Remote CHW Reset or Current Limiting Available: **YES** **NO** (circle one)

Building Automation System (BAS/BMS/EMS) Information:

Does the facility have a BMS installed for control of HVAC equipment: **YES** **NO** (circle one)

BMS Manufacturer & System:

Percentage of all HVAC equipment controlled by BMS: % (estimated)

MOST EFFICIENT USE OF ENERGY