

Emacx Demand Control Assessment

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:

Industry:

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					mandatory
March					
April					
May					
June					
July					mandatory
August					mandatory
September					
October					mandatory
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