

Steril-Aire HVAC Data Collection Form

Audit Date: _____ Company: _____

Building Location: _____

Contact: _____ Title: _____

Phone: _____ Email: _____

Size of Building: _____ Electric Cost/yr: \$ _____ *HVAC Cost/yr: \$ _____
*Electricity Cost: \$ _____ kWh *Demand Charge: \$ _____ kW

SYSTEM TYPE:

DX: _____ CW: _____
Rooftop: _____ Fan Coil: _____ PTAC: _____
AHU: _____ Heat Pump: _____ Unit Vent: _____

System Age: _____ years Condition: _____ Capacity Problem: Y N

*Maintenance Problems: Y N Has Efficiency Deteriorated: Y N

Are there visible signs of mold: Y N Have there been complaints of indoor air quality: Y N

Has fan speed been altered to maintain pressure: Y N

HVAC Service Company: _____

Location: _____ Contact: _____

Equipment Location: _____ Number/Designation: _____

Describe access to Coil for Installation: _____

Make: _____ Model #: _____

Voltage: _____ VAC CFM: _____ Constant Volume: _____ VAV: _____

Plenum Dimensions: _____ h x _____ w x _____ d

Coil Face Area: _____ h x _____ w

*Est. EER: Present: _____ Weekly Hrs Operation: _____

Annual Coil Cleaning Cost: Material: \$ _____ Labor: \$ _____ Frequency: _____

Annual Drain Pan Treatment Cost: Material: \$ _____ Labor: \$ _____ Frequency: _____

***** Use separate page for additional information *****



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