SoCalREN Multifamily Program

Energy Assessment Checklist

The following chart provides potential resources to refer to when completing the checklist.

This is not a comprehensive list, but you are required to **provide all data for bold items and questions**. If you are not sure what data to put down for a required field, note "Not Sure" and include qualitative descriptions and photos for later clarification or questions from the program. If there is no data for a required field, write a note (e.g., if there is no pool, write "No pool.")

Instructions

Please fill in all fields below during your on-site assessment. We advise that you complete one intake form for each unique building type (e.g., buildings that have different HVAC or DHW system years, types, or fuel types; different room configurations; or are otherwise distinct).

- Fields that are in **bold** are required for ALL projects.
- Non-bold fields ARE required for all equipment/categories that the customer is interested in replacing or installing. Please note that inaccurate or incomplete forms will be returned and require resubmission.
- ***For common area-only projects, please complete as much of the intake as possible, omitting in-unit data collection when there is no access. For clarification, possible in-unit only sections have been changed to green to indicate equipment that might only be in apartments.***

Once the form is completed, please deliver the form, including photos and an attached property map, to **multifamily@socalren.org**.

The Southern California Regional Energy Network is administered by the County of Los Angeles and funded by California utility ratepayers under the auspices of the California Public Utilities Commission.

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General Property Characteristics

Note: Bold items are required.

Date of Assessment:		
Property Name and Building Name(s):		
Property Address:	**City**:	**ZIP Code**:
Maintenance Contact:	Property Manager:	
Year Built:	**Last Year Renovated**:	
Number of Buildings:	**Occupancy:**	
Number of Floors Above Ground:	**Number of Floors Below Ground**:	
Primary Space Heating Fuel Type (in-unit): ☐ Electricity ☐ Gas		
Primary Space Heating Fuel Type (common area): ☐ Electricity ☐ Gas		

Common Area Amenities

Common Amenities	**Area (sq. ft.)**	**AC/Heating? (Yes/No)** *If yes, please describe in HVAC section on page 3. Conditioned/Unconditioned/Type*
Leasing Office		☐ Yes ☐ No
Gym		☐ Yes ☐ No
Pool(s)		☐ Yes ☐ No
Spa(s)		☐ Yes ☐ No
Laundry		☐ Yes ☐ No
Parks		☐ Yes ☐ No
Tennis/Basketball Courts		☐ Yes ☐ No
Parking Garages		☐ Yes ☐ No

Number of Apartment Units and Configurations

Floor Plan (enter name)	**Number of Bedrooms**	**Number of Bathrooms**	**Number of Faucets per Bathroom**	**Number of Apartments**	**Number of Apartments Sampled**	**Sq. ft. per Apartment**
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
Total						

Interview Questions

The property manager and maintenance manager are needed for these questions.

Note: Bold items are required.

Is the existing inventory available for the following? If yes, please share. Use check mark when available.

In-Unit Systems	Common Area Systems
☐ Interior Lighting ☐ Exterior Lighting ☐ Kitchen and Bathroom Faucets ☐ Showerheads ☐ Heating Systems ☐ Cooling Systems ☐ Hot Water Heating Systems ☐ Washers and Dryers ☐ Dishwashers ☐ Refrigerators ☐ Do Not Know	☐ Interior Lighting ☐ Exterior Lighting ☐ Heating Systems ☐ Cooling Systems ☐ Hot Water Heating Systems ☐ Washers and Dryers ☐ Pool and Spa Heaters ☐ Pool and Spa Pumps ☐ Do Not Know
What type of fuel is used by the stoves or ranges?	☐ Electricity ☐ Natural Gas
Are there stove range fans in kitchens?	☐ Yes ☐ No ☐ Do Not Know
Are there exhaust fans in bathrooms?	☐ Yes ☐ No ☐ Do Not Know
Window General Construction Type:	☐ Double-Pane ☐ Single-Pane ☐ Do Not Know ☐ Clear ☐ Tinted ☐ Do Not Know ☐ Aluminum ☐ Wood/Vinyl ☐ Do Not Know
Do the individual units have their own electric meters?	☐ Yes ☐ No ☐ Do Not Know
Do the individual units have their own gas meters?	☐ Yes ☐ No ☐ Do Not Know

Additional Property Information	
Is the property deed restricted?	☐ Yes ☐ No ☐ Do Not Know
Do tenants predominantly speak a language other than English?	☐ Yes ☐ No ☐ Do Not Know
Languages Spoken (select all that apply):	☐ Armenian ☐ Cantonese ☐ Korean ☐ Mandarin ☐ Spanish ☐ Tagalog ☐ Vietnamese ☐ Other:

Heating and Cooling System (HVAC)

HVAC	System 1	System 2	System 3	System 4
Location: (Check ONE per system. If "other," please write location.)	☐ In Unit ☐ Leasing Office ☐ Gym ☐ Other:	☐ In Unit ☐ Leasing Office ☐ Gym ☐ Other:	☐ In Unit ☐ Leasing Office ☐ Gym ☐ Other:	☐ In Unit ☐ Leasing Office ☐ Gym ☐ Other:
HVAC System Name (make and model number):				
HVAC System Type (choose ONE per system): **Cooling Systems** • Room AC • Ducted Split-System AC • Packaged Terminal AC • Air-Cooled Chiller • Water-Cooled Chiller • Rooftop AC • Rooftop AC with Economizer **Heating Systems** • Baseboard Electric Resistance • Hydronic • Boiler—Gas • Furnace—Gas **Heat Pump** • Air-Source Heat Pump • Water-Source Heat Pump • Packaged Terminal Heat Pump	Cooling System Heating System Heat Pump	Cooling System Heating System Heat Pump	Cooling System Heating System Heat Pump	Cooling System Heating System Heat Pump
Quantity of HVAC Systems:				

HVAC (continued)

Note: Bold items are required.

HVAC	System 1	System 2	System 3	System 4
System Age (i.e., year manufactured):				
Thermostat Type: (check ONE per system)	☐ On/Off ☐ Programmable ☐ Smart	☐ On/Off ☐ Programmable ☐ Smart	☐ On/Off ☐ Programmable ☐ Smart	☐ On/Off ☐ Programmable ☐ Smart
Existing Heating Capacity With Unit (kBtu/h, ton):				
Existing Cooling Capacity With Unit (kBtu/h, ton):				
Existing System Efficiency With Units: Heating: HSPF/AFUE Heat Pump (Heating): COP	Heating: Heat Pump:	Heating: Heat Pump:	Heating: Heat Pump:	Heating: Heat Pump:
Existing System Efficiency With Units: Cooling: EER/SEER Heat Pump (Cooling): COP	Cooling: Heat Pump:	Cooling: Heat Pump:	Cooling: Heat Pump:	Cooling: Heat Pump:
Existing Fan Type: (check ONE per system)	☐ Air Handler Fan ☐ Furnace Fan ☐ None	☐ Air Handler Fan ☐ Furnace Fan ☐ None	☐ Air Handler Fan ☐ Furnace Fan ☐ None	☐ Air Handler Fan ☐ Furnace Fan ☐ None
Existing Fan Quantity:				
Existing Fan Control Type: (check ONE per system)	☐ Constant Speed ☐ Variable Speed	☐ Constant Speed ☐ Variable Speed	☐ Constant Speed ☐ Variable Speed	☐ Constant Speed ☐ Variable Speed
Existing Fan Horsepower (HP):				
Existing Fan Age (year manufactured):				
Percent of Ducts Located Within Conditioned Spaces:	☐ 90% or More ☐ 50%–89% ☐ Less Than 50%	☐ 90% or More ☐ 50%–89% ☐ Less Than 50%	☐ 90% or More ☐ 50%–89% ☐ Less Than 50%	☐ 90% or More ☐ 50%–89% ☐ Less Than 50%
HVAC Pictures: For each HVAC system (including the HVAC unit and air handler fan/furnace fan), please attach legible photos of the **nameplate**, **whole equipment**, and **area/location**. Please caption each photo using the name created in "HVAC System Name" and the equipment location.				

Proposed HVAC System (if applicable)				
Proposed HVAC System Make and Model:				
Proposed Capacity With Unit (kBtu/h, ton):				
Proposed System Efficiency With Units: (cooling–EER/SEER/COP,* heating–HSPF/COP/AFUE)	Cooling: Heating:	Cooling: Heating:	Cooling: Heating:	Cooling: Heating:
Proposed HVAC System Cost (material + labor):				
Proposed Fan Coil Unit (FCU) Central Brushless Fan Motor Cost (material + labor):				

*COP is only required for heat pumps.

Domestic Hot Water (DHW)

Note: Bold items are required.

DHW	System 1	System 2	System 3	System 4
Location: (Check ONE per system. If "other," please write location.)	☐ In Unit ☐ Laundry Room ☐ Rooftop ☐ Central ☐ Other:	☐ In Unit ☐ Laundry Room ☐ Rooftop ☐ Central ☐ Other:	☐ In Unit ☐ Laundry Room ☐ Rooftop ☐ Central ☐ Other:	☐ In Unit ☐ Laundry Room ☐ Rooftop ☐ Central ☐ Other:
DHW System Name (make and model number):				
DHW System Category (check ONE per system): • Individual (serves one apartment or common area location only) • Central (serves DHW only) • Central (serves space heating and DHW)	☐ Individual ☐ Central: DHW ☐ Central: SP + DHW	☐ Individual ☐ Central: DHW ☐ Central: SP + DHW	☐ Individual ☐ Central: DHW ☐ Central: SP + DHW	☐ Individual ☐ Central: DHW ☐ Central: SP + DHW
DHW System Type (check ONE per system): • Electric Storage Tank (EST) • Direct Gas Storage Tank (DGST) • Indirect Gas Storage Tank (IGST) • HPWH	☐ EST ☐ DGST ☐ IGST ☐ HPWH	☐ EST ☐ DGST ☐ IGST ☐ HPWH	☐ EST ☐ DGST ☐ IGST ☐ HPWH	☐ EST ☐ DGST ☐ IGST ☐ HPWH
Quantity (number of boilers/tanks):				
Energy Factor:				
Thermal Efficiency:				
Tank Size (gallons):				
System Age (i.e., year manufactured):				
Average Number of Bedrooms Per Apartment (studios count as zero):				
Existing DHW Capacity With Unit Input (kBtu/h):				
Existing DHW Capacity With Unit Output (kBtu/h):				
Is the DHW Tank Currently Insulated? (check ONE per system) • No • Poorly Insulated With 3" Insulation (R-7) • Poorly Insulated With 6" Insulation (R-13) • Properly Insulated With 3" Insulation (R-11) • Properly Insulated With 6" Insulation (R-19)	☐ No ☐ R-7 ☐ R-13 ☐ R-11 ☐ R-19	☐ No ☐ R-7 ☐ R-13 ☐ R-11 ☐ R-19	☐ No ☐ R-7 ☐ R-13 ☐ R-11 ☐ R-19	☐ No ☐ R-7 ☐ R-13 ☐ R-11 ☐ R-19

Insulation R-value	Pipe Diameter	Pipe Length	Insulation Condition
No insulation			☐ Good ☐ Poor
R-1			☐ Good ☐ Poor
R-2			☐ Good ☐ Poor
R-2.5			☐ Good ☐ Poor
R-4			☐ Good ☐ Poor

DHW (continued)

Note: Bold items are required.

DHW	System 1	System 2	System 3	System 4
Existing Controller (check ONE per system): • No Control (NC) • Demand Control (DC) • Aquastat (Aq) • Temperature Modulation (TM) • Temp Mod + Monitoring (TM + M) • Constant Temp + VSD (TM + VSD)	☐ NC ☐ DC ☐ Aq ☐ TM ☐ TM + M ☐ CT + VSD	☐ NC ☐ DC ☐ Aq ☐ TM ☐ TM + M ☐ CT + VSD	☐ NC ☐ DC ☐ Aq ☐ TM ☐ TM + M ☐ CT + VSD	☐ NC ☐ DC ☐ Aq ☐ TM ☐ TM + M ☐ CT + VSD
Recirculation Pump HP:				
Recirculation Pump Quantity:				
Number of Apartments Served by DHW Type:				
Length of Properly Insulated Pipe (feet):				
Length of Poorly Insulated Pipe (feet):				
Length of Uninsulated Pipe (feet):				
Diameter of Pipe (inch):				
DHW Pictures: For each DHW system (including the boiler, storage tank, boiler controls, recirculation pump and controls, piping, and insulation), please attach photos of the **nameplate**, **whole equipment**, and **area/location**. Please caption each photo using the name created in "DHW System Name" along with the equipment location.				

Proposed System (if applicable)				
Proposed DHW System Make and Model:				
Proposed Tank Size (gallons):				
Proposed Thermal Efficiency:				
Proposed DHW System Cost (material + labor):				
Proposed Recirculation Pump Make and Model:				
Proposed Recirculation Pump/Boiler Control Cost (labor + materials):				
Proposed Boiler Control Make and Model:				
Proposed Boiler Control Cost (labor + materials):				

Swimming Pools/Spas

Note: Bold items are required.

Swimming Pools/Spas	Pool/Spa 1	Pool/Spa 2	Pool/Spa 3	Pool/Spa 4
Pool/Spa Name: (use any unique identifier—pool/spa/wading)				
Quantity of Each:				
Heated:	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Quantity Heated:				
Quantity of Pool Heater/Boilers:				
Water Temperature (°F) (if heated):				
Filter Pump HP:				
Pool Pump Control (check ONE per pool/spa): • Single-Speed (SS) • Two-Speed (TS) • Programmable Variable Speed (PVS)	☐ SS ☐ TS ☐ PVS	☐ SS ☐ TS ☐ PVS	☐ SS ☐ TS ☐ PVS	☐ SS ☐ TS ☐ PVS
Length and Width (feet):				
Opening and Closing Hour:				
Opening and Closing Month:				
Is the heater on a timer?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Pool/Spa Heater BTU Input:				
Pool/Spa Depth (feet):				
Pool/Spa Heater Efficiency:				
Pool/Spa Pictures: For each pool or spa, please include photos of the pool, area/location, and the **nameplate** and **whole equipment** photo of the pool heater and pool pump (including any piping/insulation. Please caption each photo using the name created in "Pool/Spa System Name" along with the equipment location.				

Proposed Pool/Spa Heater (if applicable)				
Proposed Pool/Spa Heater Make and Model:				
Proposed Heater Efficiency:				
Proposed Cost (material + labor):				

Solar Thermal

Note: Bold items are required.

Solar Thermal				
Solar Thermal: (Select, if applicable. If "other," please write location.) • Thermal DHW • Solar PV • Solar Thermal Pool Heater	☐ Thermal DHW ☐ Solar PV ☐ Solar Thermal PH ☐ Other:	☐ Thermal DHW ☐ Solar PV ☐ Solar Thermal PH ☐ Other:	☐ Thermal DHW ☐ Solar PV ☐ Solar Thermal PH ☐ Other:	☐ Thermal DHW ☐ Solar PV ☐ Solar Thermal PH ☐ Other:
Solar Thermal Name (make and model number):				
Solar Collector Area (sq. ft.):				
Solar PV Generation (kWh):				

Clothes Washers and Dryers

Note: Bold items are required.

Clothes Washers and Dryers	System 1	System 2	System 3	System 4
Location: (Check ONE per system. If "other," please write location.)	☐ In Unit(s) ☐ Laundry Room ☐ Common Area ☐ Other:	☐ In Unit(s) ☐ Laundry Room ☐ Common Area ☐ Other:	☐ In Unit(s) ☐ Laundry Room ☐ Common Area ☐ Other:	☐ In Unit(s) ☐ Laundry Room ☐ Common Area ☐ Other:
Number of Washers In Building:				
Washer Type (front load or top load):	☐ Front Load ☐ Top Load	☐ Front Load ☐ Top Load	☐ Front Load ☐ Top Load	☐ Front Load ☐ Top Load
Clothes Washer Make and Model:				
Clothes Dryer Make and Model:				
Clothes Washer/Dryer Type and Age: • Non-ENERGY STAR®: 2006 or later (NES: 06) • Non-ENERGY STAR: 1996–2005 (NES: 96–05) • Non-ENERGY STAR: 1986–1995 (NES: 86–95) • Non-ENERGY STAR: Before 1985 (NES: 85) • ENERGY STAR	☐ NES: 06 ☐ NES: 96–05 ☐ NES: 86–95 ☐ NES: 85 ☐ ENERGY STAR	☐ NES: 06 ☐ NES: 96–05 ☐ NES: 86–95 ☐ NES: 85 ☐ ENERGY STAR	☐ NES: 06 ☐ NES: 96–05 ☐ NES: 86–95 ☐ NES: 85 ☐ ENERGY STAR	☐ NES: 06 ☐ NES: 96–05 ☐ NES: 86–95 ☐ NES: 85 ☐ ENERGY STAR
Which DHW System Serves the Washers? (use "System Name" from DHW section)				
Fuel Type of Clothes Washers Drying Component (electric, natural gas, none):	☐ Electric ☐ Natural Gas ☐ None	☐ Electric ☐ Natural Gas ☐ None	☐ Electric ☐ Natural Gas ☐ None	☐ Electric ☐ Natural Gas ☐ None
Capacity (cubic feet):				
Clothes Washers and Dryers Pictures: For each clothes washer system type, please include photos of the **nameplate**, **whole equipment**, and **area/location**. Please caption each photo using the name created in "Clothes Washer System Name" along with the equipment location.				

Proposed System (if applicable)				
Proposed System Make and Model:				
Proposed System Capacity (cubic feet):				
Proposed Modified Energy Factor (MEF):				
Proposed Water Factor (WF):				
Proposed Rater Electricity Consumption (kWh/yr):				
Proposed Cost (material + labor):				

Appliances

Note: Bold items are required.

Dishwasher	
Dishwasher Make and Model:	
Dishwasher Type and Age:	☐ Non-ENERGY STAR®: 2006 or Later ☐ Non-ENERGY STAR: 1996–2005 ☐ Non-ENERGY STAR: 1986–1995 ☐ Non-ENERGY STAR: Before 1985 ☐ ENERGY STAR
Refrigerator/Freezer	
Refrigerator/Freezer Make and Model:	
Refrigerator/Freezer Type and Age:	☐ Non-ENERGY STAR®: 2006 or Later ☐ Non-ENERGY STAR: 1996–2005 ☐ Non-ENERGY STAR: 1986–1995 ☐ Non-ENERGY STAR: Before 1985 ☐ ENERGY STAR

Water Fixtures

Water Fixtures	Bathroom Faucet	Showerhead	Kitchen Faucet	Other
Average Number of Fixtures Per Apartment:				
Flow Rates (gallons per minute) (list all flow rates seen):				
Which DHW System Serves These Fixtures? (use "System Name" from DHW section):				
What Percentage of Units Have Low-Flow Showerheads? (check ONE) (low-flow showerheads = flow rate of 1.5 GPM or less):	☐ 0% ☐ <25% ☐ 25%–49% ☐ 50%–74% ☐ 75%–99% ☐ All			
What Percentage of Units Have Low-Flow Faucets? (check ONE) (low-flow bathroom faucets = 1 GPM or less, low-flow kitchen faucets = 1.5 GPM or less):	☐ 0% ☐ <25% ☐ 25%–49% ☐ 50%–74% ☐ 75%–99% ☐ All			
Water Fixture Pictures: For each water fixture system type, include photos of the **nameplate**, **whole equipment**, and **location**. Caption each photo with the name created in "Water Fixture System Name" and the equipment location.				

Proposed Water Fixtures (if applicable)				
Proposed Rated Flow Rate (gallons per minute):				
Proposed Cost (material + labor):				

Lighting Inventory

	Location Notes[1]	Lighting Location[2]	Number of Representative Spaces	Conditioned	System Name[3]	Watts/ Lamp	Lamp/ Fixture	Fixtures/ Area	OCC Control
1				☐ Yes ☐ No					☐ Yes ☐ No
2				☐ Yes ☐ No					☐ Yes ☐ No
3				☐ Yes ☐ No					☐ Yes ☐ No
4				☐ Yes ☐ No					☐ Yes ☐ No
5				☐ Yes ☐ No					☐ Yes ☐ No
6				☐ Yes ☐ No					☐ Yes ☐ No
7				☐ Yes ☐ No					☐ Yes ☐ No
8				☐ Yes ☐ No					☐ Yes ☐ No
9				☐ Yes ☐ No					☐ Yes ☐ No
10				☐ Yes ☐ No					☐ Yes ☐ No
11				☐ Yes ☐ No					☐ Yes ☐ No
12				☐ Yes ☐ No					☐ Yes ☐ No
13				☐ Yes ☐ No					☐ Yes ☐ No
14				☐ Yes ☐ No					☐ Yes ☐ No
15				☐ Yes ☐ No					☐ Yes ☐ No
16				☐ Yes ☐ No					☐ Yes ☐ No
17				☐ Yes ☐ No					☐ Yes ☐ No
18				☐ Yes ☐ No					☐ Yes ☐ No

[1] Location Notes: Must indicate inspected unit and unit type if location is in apartment (example: Unit #123 – 2B/1b – Kitchen Ceiling)

[2] Lighting Location: Apartment; Common Laundry; Corridors/Stairwell/Elevator–Conditioned; Corridors/Stairwell/Elevator–Unconditioned; Exterior Fitness Center; Lobby/Foyer; Mechanical Room/Closet; Meeting/Community Room; Office; Public Restroom; Staff Shop/Room

[3] System Name: Incandescent Lamps; CFL; T-12 w/Ballast; T-8 w/Ballast; T-5 w/Ballast; T-8 Lamp; Exit Sign; Metal Halide; Mercury Vapor; High Pressure Sodium; Other; Pulse Start MH LED-PAR20/30/38/etc.; LED R/BR; LED Lamp Glb; LED Lamp Candle

Lighting Inventory (continued)

	Location Notes[1]	Lighting Location[2]	Number of Representative Spaces	Conditioned	System Name[3]	Watts/ Lamp	Lamp/ Fixture	Fixtures/ Area	OCC Control
19				☐ Yes ☐ No					☐ Yes ☐ No
20				☐ Yes ☐ No					☐ Yes ☐ No
21				☐ Yes ☐ No					☐ Yes ☐ No
22				☐ Yes ☐ No					☐ Yes ☐ No
23				☐ Yes ☐ No					☐ Yes ☐ No
24				☐ Yes ☐ No					☐ Yes ☐ No
25				☐ Yes ☐ No					☐ Yes ☐ No
26				☐ Yes ☐ No					☐ Yes ☐ No
27				☐ Yes ☐ No					☐ Yes ☐ No
28				☐ Yes ☐ No					☐ Yes ☐ No
29				☐ Yes ☐ No					☐ Yes ☐ No
30				☐ Yes ☐ No					☐ Yes ☐ No
31				☐ Yes ☐ No					☐ Yes ☐ No
32				☐ Yes ☐ No					☐ Yes ☐ No
33				☐ Yes ☐ No					☐ Yes ☐ No
34				☐ Yes ☐ No					☐ Yes ☐ No
35				☐ Yes ☐ No					☐ Yes ☐ No
36				☐ Yes ☐ No					☐ Yes ☐ No

[1] Location Notes: Must indicate inspected unit and unit type if location is in apartment (example: Unit #123 – 2B/1b – Kitchen Ceiling)

[2] Lighting Location: Apartment; Common Laundry; Corridors/Stairwell/Elevator–Conditioned; Corridors/Stairwell/Elevator–Unconditioned; Exterior Fitness Center; Lobby/Foyer; Mechanical Room/Closet; Meeting/Community Room; Office; Public Restroom; Staff Shop/Room

[3] System Name: Incandescent Lamps; CFL; T-12 w/Ballast; T-8 w/Ballast; T-5 w/Ballast; T-8 Lamp; Exit Sign; Metal Halide; Mercury Vapor; High Pressure Sodium; Other; Pulse Start MH LED-PAR20/30/38/etc.; LED R/BR; LED Lamp Glb; LED Lamp Candle

Proposed Lighting Systems

	System Name[3]	Replacement Type (Fixture/Lamp)	Cost Per Unit	Watts/ Lamp	Lamp/ Fixture	Fixtures/ Area	OCC Control	Cost of Control
1							☐ Yes ☐ No	
2							☐ Yes ☐ No	
3							☐ Yes ☐ No	
4							☐ Yes ☐ No	
5							☐ Yes ☐ No	
6							☐ Yes ☐ No	
7							☐ Yes ☐ No	
8							☐ Yes ☐ No	
9							☐ Yes ☐ No	
10							☐ Yes ☐ No	
11							☐ Yes ☐ No	
12							☐ Yes ☐ No	
13							☐ Yes ☐ No	
14							☐ Yes ☐ No	
15							☐ Yes ☐ No	
16							☐ Yes ☐ No	
17							☐ Yes ☐ No	
18							☐ Yes ☐ No	

[3] System Name: Incandescent Lamps; CFL; T-12 w/Ballast; T-8 w/Ballast; T-5 w/Ballast; T-8 Lamp; Exit Sign; Metal Halide; Mercury Vapor; High Pressure Sodium; Other; Pulse Start MH LED-PAR20/30/38/etc.; LED R/BR; LED Lamp Glb; LED Lamp Candle

Proposed Lighting Systems (continued)

	System Name[3]	Replacement Type (Fixture/Lamp)	Cost Per Unit	Watts/ Lamp	Lamp/ Fixture	Fixtures/ Area	OCC Control	Cost of Control
19							☐ Yes ☐ No	
20							☐ Yes ☐ No	
21							☐ Yes ☐ No	
22							☐ Yes ☐ No	
23							☐ Yes ☐ No	
24							☐ Yes ☐ No	
25							☐ Yes ☐ No	
26							☐ Yes ☐ No	
27							☐ Yes ☐ No	
28							☐ Yes ☐ No	
29							☐ Yes ☐ No	
30							☐ Yes ☐ No	
31							☐ Yes ☐ No	
32							☐ Yes ☐ No	
33							☐ Yes ☐ No	
34							☐ Yes ☐ No	
35							☐ Yes ☐ No	
36							☐ Yes ☐ No	

[3] System Name: Incandescent Lamps; CFL; T-12 w/Ballast; T-8 w/Ballast; T-5 w/Ballast; T-8 Lamp; Exit Sign; Metal Halide; Mercury Vapor; High Pressure Sodium; Other; Pulse Start MH LED-PAR20/30/38/etc.; LED R/BR; LED Lamp Glb; LED Lamp Candle