



Date:

Energy Audit - Basic Information

(Note: Please fill all the information. If it is not applicable, mention it as NA. Please send the filled in questionnaire to enquiries@NINenergy.com)

Scope:

(Please specify your scope of work for Energy Audit Study)

A. General Information

1. Name of the Company :
- Complete Address of Unit
(where energy audit needs to be carried out) :
- Website :
- Products Manufactured / Type of operation :

- Plant Capacity :
- Contact Person Name :
- Designation :
- Telephone Number (With STD Code) :
- Fax Number (With STD Code) :
- Mobile Number :
- E-mail :

2. Year of Establishment :
3. Certification obtained (ISO 9001,ISO 14001,Others) :
4. Have you conducted Energy Audit Study in past? If Yes, give the following details
Year of Energy Audit Study conducted :
Energy Audit study Conducted by :
Frequency of Energy Audit Study :
5. No. of employees :
6. Buildup area in ft². **(Applicable only for commercial buildings, IT industry, Data Centre, Hotels, Hospitals and Shopping mall)** :
7. Number of Floors **(Applicable only for commercial buildings, IT industry, Data Centre, Hotels, Hospitals and Shopping mall)** :
8. Number of working hours per day :
9. Number of working days per year :

B. Energy Utility System Information

1. Electrical Energy Bill Data (for recent one year)

Period from _____ to _____

Description	Unit Cost (Rs. /kWh)	Annual Consumption (Please specify the units)	Annual Cost (Rs. Lakhs / year)
Purchased Power from utility			
Generated power			

2. Thermal Energy (Fuel) Bill Data (for recent one year)

Period from _____ to _____

Type	Fuel Type	Unit Cost (Rs. /Units)	Annual Consumption, liter	Annual Cost (Rs. Lakhs / year)
Fuel (For Power generation)				
Fuel (Other Than Power generation)				
Others (Please specify)				

3. Electrical System data

Plant connected load, kW	:	
Contracted Demand, kVA	:	
Maximum Demand during last year	:	
Maximum Demand during last three year	:	
Average Electricity consumption/Month, kWh/ kVAh (Indicate the units clearly)	:	

4. Power Factor details

Automatic Power Factor Controller (APFC) installed: YES/ NO

Power factor correction capacitor details

S. No	Quantity	Make of capacitor	Rating, kVAR	Connected with	Year of installation
1.					
2.					
3.					
4.					
5.					
6.					
7.					

Power Factor during last six months (as reported in utility bills)

Month-1	:	
Month-2	:	
Month-3	:	
Month-4	:	
Month-5	:	
Month-6	:	

5. Transformer Details

S. No	Type of Transformer (dry /oil type)	Number of Transformer	Capacity of Transformer(kVA)	Percentage loading
1.				
2.				
3.				
4.				

6. Utility Equipment Details
Boiler / Thermic Fluid Heater

S. No	Number of boiler	Capacity of Boiler (TPH)	Type of firing (Oil/Coal/Electricity)	Purpose	Year of installation
1.					
2.					
3.					
4.					

Approximate number of steam traps available in steam network in the plant:

Condensate recovery is being done: (YES/NO)

Furnace

S. No	Number of furnace	Design Production Capacity of furnace TPH	Average actual production capacity, TPH	Type of furnace (Oil/Coal/ Electric arc furnace)	Purpose	Flue gas temp. °C
1.						
2.						
3.						
4.						

Air Compressor

S. No	Number of compressor	Capacity of compressor (CFM)	Motor Rating and make	Year of installation	Purpose or area of utilization	Type of compressor (screw, reciprocating, centrifugal, etc.,)
1.						
2.						
3.						
4.						

Pumps / Vacuum pumps (please group the similar pumps)

S. No	Number of Pumps	Capacity of Pump	Motor Rating and make	Year of installation	Purpose or area of utilization	Type of pump (reciprocating, centrifugal, etc.,)
1.						
2.						
3.						
4.						
5.						
6.						

Fans / Blowers (please group the similar fan / blower)

S. No	Number of fan / blower	Capacity of fan / blower	Motor Rating and make	Year of installation	Purpose or area of utilization
1.					
2.					
3.					
4.					
5.					
6.					

Motors details

S. No	Number of motors	Capacity of motor, kW / HP	Male of Motor	Year of installation
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

Heating Ventilation and Air Conditioning (HVAC) System

S. No	Number of Chiller	Capacity of Chiller, TR	Male of Chiller	Motor Rating of chiller compressor	Year of installation	Purpose or area of utilization
1.						
2.						
3.						
4.						
5.						
6.						

S. No	Number of cooling tower (CT)	Capacity of CT, TR	Male of CT	Number of CT fan and motor Rating	Year of installation	Purpose or area of utilization
1.						
2.						
3.						
4.						
5.						
6.						

S. No	Number of cooling tower (CT)	Capacity of CT, TR	Male of CT	Number of CT fan and motor Rating	Year of installation	Purpose or area of utilization
1.						
2.						
3.						
4.						
5.						

Diesel Generating set

S. No	Quantity	Make of DG set	Capacity of DG set, kVA	Year of installation	Standby/ Continuous
1.					
2.					
3.					
4.					
5.					
6.					

Air Handling Unit (AHU)

S. No	Number of AHU	Design Capacity of AHU, TR	Make of AHU	AHU fan motor Rating	Design CFM of AHU	Purpose or area of utilization
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						

Lighting Load

Lighting load of the plant/facility, kW	:	
Separate lighting feeder available in the facility (YES/NO)	:	
Lighting voltage controller installed on the facility (YES/NO)	:	
If lighting voltage controller is installed, make and year of installation	:	

S. No	Type of lighting	Approximate number of lights	Purpose (Interior/exterior)
1.			
2.			
3.			
4.			
5.			
6.			

7. List of any other major electrical energy intensive equipment:

S. No	Equipment name	Capacity, kW	Number of Equipment	Operating hours per day
1.				
2.				
3.				
4.				

8. List of any other major thermal energy intensive equipment:

S. No	Equipment name	Capacity, kW	Number of Equipment	Operating hours per day
1.				
2.				
3.				
4.				

9. Any other information if you wish to inform

Note: Please attach the last month electricity bill.

Please send the filled in questionnaire to the following address or mail us

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New No 47, Old No 21/2
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