

PRIMARY DATA REQUIRED FOR COMMERCIAL COMPLEX/OFFICE AUDIT

Company's Details:					
Name of the organization:					
Unit location address:					
Tele/Fax/email:					
	Operation Details:				
Main services*:					
Designed Occupancy:					
Last Year Turn Over in INR	:				
	Power Tariff				
Power Tariff Code	Power lariff				
	LAMB / ma a m to la				
Average Power:	kWh/month				
Average Bill Value:	Rs/month				
Average Rate:	Rs/kWh				
Ga	s Consumption Details				
Gas Consumption:	Sm3/month; Cylinders/month				
Unit Rate:	Rs/Sm3; Rs/Cylinders				
Total Bill Value:	Rs/month				
Wat	er Consumption Details				
Water Consumption:	m3/month				
Unit Rate:	Rs/m3				
Total Bill Value:	Rs/month				
	Electrical Details				
Incoming Power at Volts:					
Incoming Transformers:	HT (Volts): LT (Volts):				
Transformer Capacity:	KVA				
Transformer Losses:	No Load Loss:kW; Full Load Loss:kW				
Transformer Operation	Hours/day				

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Buil	lding Occupancy Details
Office Timings:	From: Hours To: Hours
Weekly off Day	
Nos of Person Working:	
Working days per year:	

Please send last one year monthly power bill and fuel consumption details.

Sr	Energy gadget	Capacity	иом	Туре	Make/ model	kWh /unit	Total Nos of units	Runn ing hrs per day	Cons per year
1	Voltage stabilizer								
2	Capacitors								
3	DG sets								
4	UPS								
5	Ceiling Fans								
6	Fan regulators								
7	Table fans								
8	Pedestal Fans								
9	Blowers for AHU								
10	Pumps for AHU								
11	Fridge								
12	Water coolers								
13	Desert coolers								
14	AC								
15	Microwave								
16	Gas stove								
17	Hot plate								
18	Heaters								
19	Geysers								



20	Computers				
21	Lap tops				
22	Printers				
23	Zerox				
24	Lighting				
	Tubes				
	CFL				
	SON				
	HPMV				
	Bulbs				
	LED				
	Others				
25	Chokes				
	Tubes				
	CFL				
	SON				
	HPMV				
	Others				

Any other energy consuming gadget? Please mention separately Provide Electrical, Water, Gas Bill copy

Complied by:
Signature, Name & Designation
Date: