



# Evaluation Form

Salesperson: \_\_\_\_\_ Date: \_\_\_\_\_

**BUILDING OWNER:**

Company: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Department: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State: \_\_\_\_\_  
 Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**PROJECT LOCATION:**

Walk Date: \_\_\_\_\_  
 Proposal #: \_\_\_\_\_  
 Facility/Building: \_\_\_\_\_  
 Project Address: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Cell: \_\_\_\_\_  
 Email: \_\_\_\_\_

Public Company  Private  Government  Leased  No  Yes (years left \_\_\_)

**ROOF INFORMATION:**

Roof Height: \_\_\_\_\_  
 Parapet Height: \_\_\_\_\_  
 Age of Roof: \_\_\_\_\_

Client Roof Budget for Re-Roofing: (\$) \_\_\_\_\_ sq. ft.

Estimated Insulation In Roof: R- \_\_\_\_\_

Concrete  Plywood  Steel  Other  
 No  Not Sure  Yes (expiration date? \_\_\_)

Is there a roof warranty in place?  No  Not Sure  Yes  
 Is slope of roof less than 2:12 (about 10 degrees)?  No  Not Sure  Yes

Core Analysis- wght. of system \_\_\_ lbs./sq. Composition: \_\_\_\_\_ Asbestos  Yes  No  Unknown

**TYPE OF ROOF:**

1. Built up roof- Type: \_\_\_\_\_  2. Standing Seam Metal  3. Modified Bitumen  
 4. Single-Ply- Type: \_\_\_\_\_  5. Other: \_\_\_\_\_

Type of attachment:  Fully Adhered  Ballasted  Mechanically Attached  
 Is there an air barrier?  No  Not Sure  Yes

**ROOF QUALITY:**

Please notate any of the following:  Blisters  Squishiness  Cracking  Fractures  Ponding

Is space under roof air-conditioned or refrigerated?  No  Yes

**PROJECT SUMMARY & SPECIAL INSTRUCTIONS:**

Number of Mandays: \_\_\_\_\_ Number of Squares - Roofing: \_\_\_\_\_ Number of kW - Solar: \_\_\_\_\_

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_

**SITE INFORMATION:**

Detail Roof Drawings Provided (preferably in AutoCAD electronic format to aathas@solarintegrated.com)

Roof Photos Provided      South Direction Noted       Any Areas of Roof Shading Noted on Map or Drawing

Area for crane to lift materials to the roof? Details: \_\_\_\_\_ Distance from shoreline: \_\_\_\_\_ mi.

Surrounding terrain (distance from lakes or ocean, hills, buildings, woods, etc.): \_\_\_\_\_

**ELECTRIC ROOM:**

Electrical Room and Panel Photos Provided       Meter(s) Photos Provided     

Distance from roof top wiring penetration to Electrical Room \_\_\_\_\_

Available panel voltages:       208       480       #       Not Sure

Condition of existing service       New       Old       Not Sure

Dimensions of *available* space for equipment installation: \_\_\_\_\_

Single Phase or Triple Phase:       Single Phase       Triple Phase

Service Transformer rating: \_\_\_\_\_ kva \_\_\_\_\_ amp rating of main service panel

Available space next to meter for "visible, lockable disconnect" PV shut off       Yes       No

**BUILDING ENERGY USAGE:**

Electricity Utility Provider: \_\_\_\_\_ Rate Tariff: \_\_\_\_\_ Rate Plan: \_\_\_\_\_ Number of Electrical Meters: \_\_\_\_\_

Gas Utility Company: \_\_\_\_\_ Rate Tariff: \_\_\_\_\_ Rate Plan: \_\_\_\_\_ Number of Gas Meters: \_\_\_\_\_

Annual Electricity Usage (\$) \_\_\_\_\_ Annual Electricity Usage (kWh): \_\_\_\_\_ Annual Gas Usage (Therms): \_\_\_\_\_

Voltage of utility connection (e.g. 480V, 12000V): \_\_\_\_\_

Hours Lights are on: \_\_\_\_\_ Plant/Warehouse: \_\_\_\_\_

Building usage: \_\_\_\_\_ days      Number of shifts: \_\_\_\_\_

Electricity peak load: \_\_\_\_\_ kW      Fuel peak load (daily): \_\_\_\_\_

On days building is not used, what is estimated electricity consumption? \_\_\_\_\_

Copy of last 12 months fuel bills:       Copy of last 12 months electric bills:

Complete energy efficiency projects or facility upgrades in last 3 years (brief description: \_\_\_\_\_  
\_\_\_\_\_

Identify energy / efficiency / engineering opportunities: \_\_\_\_\_

Describe operation (24 hr. use, shift/weekend use), major equipment, age of equipment used for fuel and electrical consumption:  
\_\_\_\_\_

**LIGHTING INFO:**

Have you had a lighting retrofit done? Yes  No  If so, when? \_\_\_\_\_

What was done? \_\_\_\_\_

Lighting control type: Manual  Automatic Step System  Dimming  Facilities Energy Management

Check for T8 & T12 lamps Visual  Humming  Flickering  Use Flicker Checker  T12 HO

Check for HID (High Intensity Discharge) Color Shift  If Blue or Green - Mercury Vapor  If Yellow - High Pressure Sodium (HPS)

Check storage area for lamp & ballast type (inventory): \_\_\_\_\_

What is the kWh rate from Utility company (divide the total kWh for the month from the total amount of bill) \_\_\_\_\_

What rebates are given by the state for upgrading lights \_\_\_\_\_

What rebates are given by the utility company for upgrading lights \_\_\_\_\_

**DAYLIGHTING INFO:**

Area to be day lit Length \_\_\_\_\_ feet x Width \_\_\_\_\_ feet = \_\_\_\_\_ sq. ft.

Floor to ceiling height \_\_\_\_\_ feet Ceiling to roof height \_\_\_\_\_ feet

Purlin or rafter spacing \_\_\_\_\_ feet on center

- Ceiling type  2' x 2' grid  2' x 4' grid  Drywall  No ceiling
- Wall color  Light  Medium  Dark
- Floor color  Light  Medium  Dark
- Ceiling color  Light  Medium  Dark

Is the roof shaded from other buildings or trees  Yes  No

- Daylight space usage: Office \_\_\_\_\_ foot candles
- Warehouse \_\_\_\_\_ foot candles
- Showroom \_\_\_\_\_ foot candles
- Other \_\_\_\_\_ foot candles

Does the area to be day lit have any windows  Yes  No

Are there ceiling or roof obstructions No  Yes, Explain: \_\_\_\_\_

Please sketch a diagram of the building floor plan or forward a set of plans.

Location of racks for products/merchandise (located on floor drawing)

**CLIENT TYPE:**

- Aerospace  Major Renovation
- Developer/ShopCen.  Major Retail
- Distributors  Manufacturing
- General Contractor  Property Mgmt.
- High Rise  Schools
- Hospital  Single-ply
- Hotel  Other

