



## Low Carbon Chilterns Co-op: Initial Energy survey

To answer the questions below, please tick or write in the grey boxes as appropriate.

### Yourself and the organisations involved with the building

Name of Building	
Organisation running the building (paying energy bills)	
Organisation owning the building (responsible for the fabric)	
Your name	
Your role	
Your Address 1	
Address 2	
Town/village	
Post code	
Email Address	
Phone no.	

### Have you had an energy assessment?

Yes/No		If "yes" then when?	
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### What type of heating is used in the building? (Please select the main source of heating)

Gas central heating		Wood fuel central heating	
Electric central heating		Night storage heaters	
Oil central heating		Ground/air source heat pumps	
Freestanding gas heaters		Freestanding electric heaters	
Other (please specify):			

### How is heating controlled? (Please tick one)

Manual (someone has to turn heating on and off)		Simple Automatic (has a simple timer and/or thermostat)	
Programmable Automatic - sets temperature, hours, days		Other? (please describe)	

### How is the building mainly lit (when artificial lighting is needed)? (Please tick all that apply)

Fluorescent tubes		"D" shape fluorescent lights	
Traditional bulbs		Spotlights	
Low energy CFL bulbs		LED lighting	
Other (please specify):			

### Are there any other significant uses of energy in the building? (Please tick all that apply)

Water heating		Kitchens / cooking facilities	
Televisions		Showers	
Computer equipment		Outside lighting (sport pitches, security lights etc)	
Other (please specify):			

**Are energy - heat, electricity - bills/records available for at least the last year?**

Yes		No		Who from?	
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**Have any of the following improvements been made OR are planned to be made to the building to improve energy efficiency or comfort? (Please tick all that apply)**

	Installed	Planned		Installed	Planned
Insulation in roof space			Secondary glazed windows		
Cavity wall insulation			Replaced doors		
Double glazed windows			Draft proofing doors and windows		
Other (please specify):					

**Have any of the following renewable energy technologies been installed at the building OR are planned to be installed in the building? (Please tick all that apply)**

	Installed	Planned		Installed	Planned
Solar electricity			Biomass heating (wood pellets, chips, logs)		
Solar water heating			Ground source heat pump		
Wind turbine			Air source heat pump		
Other (please specify):					

**Please give us a rough idea as to how many hours the building is used per week:**

**Have any energy saving or renewable energy technologies been considered and rejected? If so please give the reasons why:**

**Please briefly explain why the organisation/building would benefit from energy assistance:**

*Thankyou – please return the completed form to us at the address below and we will get back you as soon as we can.*