

Healthcare Facility

Field Data Collection Form

Version 3.8 - January 2026

This form is designed for field workers to collect facility-specific data on-site. Complete all relevant sections and use this form as reference when entering data into the SYNEREX UI.

1. CLIENT INFORMATION

Enter client/company information for this project

Company Name

Client or company name

Company Address (Street)

Street address

City

City name

State/Province

State or province abbreviation

ZIP/Postal Code

Postal code

Country

Country (if outside US)

Primary Contact

Contact Name

Primary contact person name

Contact Email

Contact email address

Contact Phone

Contact phone number

Contact Mobile/Cell

Mobile phone number (optional)

2. PROJECT INFORMATION

Client/Company Name

Project Name/ID

Project identifier or name

Project Description

Brief description of the project

Facility Location

Facility Address (Street)	
City	
State/Province	
ZIP/Postal Code	
Country	

Country where facility is located

Project Location

Project Address (Street)	
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Physical location where project work is performed (if different from facility)

Project City	
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City where project work is performed

Project State/Province	
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State/Province where project work is performed

Project ZIP/Postal Code	
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ZIP/Postal code for project location

Project Country	
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Country where project work is performed

Primary Contact Information

Point of Contact Name	
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Primary contact person name

Contact Title/Role	
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Job title or role of contact person

Contact Phone	
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Contact Email	
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Contact Mobile/Cell	
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Mobile phone number (optional)

Contact Location

Contact Address (Street)	
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Contact person's business address (if different from facility)

Contact City	
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City where contact person is located

Contact State/Province	
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State/Province where contact person is located

Contact ZIP/Postal Code

ZIP/Postal code for contact location

Contact Country

Country where contact person is located

Additional Project Information

Project Manager Name

Name of project manager

Project Manager Email

Email of project manager

Project Manager Phone

Phone of project manager

Project Start Date

Date when project work began

Project End Date

Expected or actual project completion date

Project Date (Form Completion Date)

Date this form is being completed

Secondary Contact (Optional)

Secondary Contact Name

Alternative contact person

Secondary Contact Title/Role

Job title or role

Secondary Contact Phone

Phone number

Secondary Contact Email

Email address

3. TEST PARAMETERS

Test Type

☐ Power Quality ☐ Energy Savings ☐ Harmonic Analysis

Circuit Name

Test Period	Before:	After:
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Start and end dates

Test Duration	
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Auto-calculated from CSV data

Meter Name	
Meter Specification	<input type="checkbox"/> Class 0.2 <input type="checkbox"/> Class 0.5 <input type="checkbox"/> Class 1.0 <input type="checkbox"/> Class 2.0
Interval Data	<input type="checkbox"/> 1-minute <input type="checkbox"/> 15-minute <input type="checkbox"/> Hourly

4. WEATHER DATA

Temperature	Before: deg F	After: deg F
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Average temperature during test period

Humidity	Before: %	After: %
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Average relative humidity

Weather Data Source	<input type="checkbox"/> Automatic API <input type="checkbox"/> Manual Entry
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5. BILLING INFORMATION

Utility Company	
Account Number	
Energy Rate	\$/kWh

Cost per kilowatt-hour

Demand Rate	\$/kW-month
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Cost per kilowatt per month

6. HEALTHCARE FACILITY DATA

Facility Type	<input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> Medical Center <input type="checkbox"/> Surgical Center <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other: _____
Facility Area	_____ sqft

Total facility floor area

Number of Beds	_____
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Total number of beds

Number of Operating Rooms	_____
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Total number of operating rooms

Patient Days	Before: _____	After: _____
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Total patient days (patients x days)

Average Occupancy Rate	Before: _____ %	After: _____ %
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Average occupancy percentage

Medical Equipment Power (Imaging)	_____ kW
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Imaging equipment power

Medical Equipment Power (Lab)	_____ kW
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Laboratory equipment power

Medical Equipment Power (Surgical)	_____ kW
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Surgical equipment power

HVAC Power	Before: _____ kW	After: _____ kW
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HVAC system power consumption

Ventilation Air Changes per Hour	_____
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Air changes per hour

Backup Generator Capacity	_____ kVA
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Backup generator capacity

UPS Capacity	_____ kVA
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Uninterruptible Power Supply capacity

Critical Load Power	_____ kW
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Critical load power requirement

7. NOTES
