

# 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. PROJECT INFORMATION

<b>Client/Company Name</b>	
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<b>Project Name/ID</b>	
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*Project identifier or name*

<b>Project Description</b>	
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*Brief description of the project*

### Facility Location

<b>Facility Address (Street)</b>	
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<b>City</b>	
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<b>State/Province</b>	
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<b>ZIP/Postal Code</b>	
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<b>Country</b>	
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*Country where facility is located*

### Project Location

<b>Project Address (Street)</b>	
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*Physical location where project work is performed (if different from facility)*

<b>Project City</b>	
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*City where project work is performed*

<b>Project State/Province</b>	
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*State/Province where project work is performed*

<b>Project ZIP/Postal Code</b>	
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*ZIP/Postal code for project location*

<b>Project Country</b>	
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*Country where project work is performed*

### Primary Contact Information

<b>Point of Contact Name</b>	
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*Primary contact person name*

<b>Contact Title/Role</b>	
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*Job title or role of contact person*

<b>Contact Phone</b>	
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<b>Contact Email</b>	
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**Contact Mobile/Cell**

*Mobile phone number (optional)*

**Contact Location**

**Contact Address (Street)**

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

**Contact City**

*City where contact person is located*

**Contact State/Province**

*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*

## 2. TEST PARAMETERS

**Test Type**

☐ Power Quality
 ☐ Energy Savings
 ☐ Harmonic Analysis

**Circuit Name**

**Test Period**

Before:

After:

*Start and end dates*

**Test Duration**

*Auto-calculated from CSV data*

**Meter Name**

**Meter Specification**

☐ Class 0.2
 ☐ Class 0.5
 ☐ Class 1.0
 ☐ Class 2.0

**Interval Data**

☐ 1-minute
 ☐ 15-minute
 ☐ Hourly

## 3. WEATHER DATA

**Temperature**

Before: deg F

After: deg F

*Average temperature during test period*

**Humidity**

Before: %

After: %

*Average relative humidity*

**Weather Data Source**

☐ Automatic API
 ☐ Manual Entry

## 4. BILLING INFORMATION

**Utility Company**

**Account Number**

**Energy Rate**

\$/kWh

*Cost per kilowatt-hour*

**Demand Rate**

\$/kW-month

*Cost per kilowatt per month*

## 5. HEALTHCARE FACILITY DATA

<b>Facility Type</b>	<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: _____	
<b>Facility Area</b>	_____ sqft	
<i>Total facility floor area</i>		
<b>Number of Beds</b>	_____	
<i>Total number of beds</i>		
<b>Number of Operating Rooms</b>	_____	
<i>Total number of operating rooms</i>		
<b>Patient Days</b>	Before: _____	After: _____
<i>Total patient days (patients x days)</i>		
<b>Average Occupancy Rate</b>	Before: _____ %	After: _____ %
<i>Average occupancy percentage</i>		
<b>Medical Equipment Power (Imaging)</b>	_____ kW	
<i>Imaging equipment power</i>		
<b>Medical Equipment Power (Lab)</b>	_____ kW	
<i>Laboratory equipment power</i>		
<b>Medical Equipment Power (Surgical)</b>	_____ kW	
<i>Surgical equipment power</i>		
<b>HVAC Power</b>	Before: _____ kW	After: _____ kW
<i>HVAC system power consumption</i>		
<b>Ventilation Air Changes per Hour</b>	_____	
<i>Air changes per hour</i>		
<b>Backup Generator Capacity</b>	_____ kVA	
<i>Backup generator capacity</i>		
<b>UPS Capacity</b>	_____ kVA	
<i>Uninterruptible Power Supply capacity</i>		
<b>Critical Load Power</b>	_____ kW	
<i>Critical load power requirement</i>		

## 6. NOTES

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