

Manufacturing & Industrial 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 | |
| <i>Client or company name</i> | |
| Company Address (Street) | |
| <i>Street address</i> | |
| City | |
| <i>City name</i> | |
| State/Province | |
| <i>State or province abbreviation</i> | |
| ZIP/Postal Code | |
| <i>Postal code</i> | |
| Country | |
| <i>Country (if outside US)</i> | |
| Primary Contact | |
| Contact Name | |
| <i>Primary contact person name</i> | |
| Contact Email | |
| <i>Contact email address</i> | |
| Contact Phone | |
| <i>Contact phone number</i> | |
| Contact Mobile/Cell | |
| <i>Mobile phone number (optional)</i> | |

2. PROJECT INFORMATION

| | |
|---|--|
| Client/Company Name | |
| Project Name/ID | |
| <i>Project identifier or name</i> | |
| Project Description | |
| <i>Brief description of the project</i> | |

Facility Location

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

Country where facility is located

Project Location

| | |
|---------------------------------|--|
| Project Address (Street) | |
|---------------------------------|--|

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

| | |
|---------------------|--|
| Project City | |
|---------------------|--|

City where project work is performed

| | |
|-------------------------------|--|
| Project State/Province | |
|-------------------------------|--|

State/Province where project work is performed

| | |
|--------------------------------|--|
| Project ZIP/Postal Code | |
|--------------------------------|--|

ZIP/Postal code for project location

| | |
|------------------------|--|
| Project Country | |
|------------------------|--|

Country where project work is performed

Primary Contact Information

| | |
|------------------------------|--|
| Point of Contact Name | |
|------------------------------|--|

Primary contact person name

| | |
|---------------------------|--|
| Contact Title/Role | |
|---------------------------|--|

Job title or role of contact person

| | |
|----------------------|--|
| Contact Phone | |
|----------------------|--|

| | |
|----------------------|--|
| Contact Email | |
|----------------------|--|

| | |
|----------------------------|--|
| 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

3. 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 | <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 |
|--------------------|----------------------|---------------------|

Average temperature during test period

| | | |
|-----------------|------------------|-----------------|
| Humidity | Before: % | After: % |
|-----------------|------------------|-----------------|

Average relative humidity

| | |
|----------------------------|--|
| Weather Data Source | <input type="checkbox"/> Automatic API <input type="checkbox"/> Manual Entry |
|----------------------------|--|

5. BILLING INFORMATION

| | |
|------------------------|--------|
| Utility Company | |
| Account Number | |
| Energy Rate | \$/kWh |

Cost per kilowatt-hour

| | |
|--------------------|-------------|
| Demand Rate | \$/kW-month |
|--------------------|-------------|

Cost per kilowatt per month

6. MANUFACTURING & INDUSTRIAL FACILITY DATA

| | |
|----------------------|--|
| Facility Type | <input type="checkbox"/> Manufacturing Plant <input type="checkbox"/> Assembly Plant <input type="checkbox"/> Processing Facility <input type="checkbox"/> Foundry <input type="checkbox"/> Chemical Processing <input type="checkbox"/> Food Processing <input type="checkbox"/> Textile <input type="checkbox"/> Automotive <input type="checkbox"/> Electronics <input type="checkbox"/> Pharmaceutical <input type="checkbox"/> Paper/Pulp <input type="checkbox"/> Other: _____ |
| Facility Area | _____ sqft |

Total facility floor area

| | |
|-----------------------------------|-------|
| Number of Production Lines | _____ |
|-----------------------------------|-------|

Total number of production lines

| | |
|-------------------------------------|-------|
| Number of Machines/Equipment | _____ |
|-------------------------------------|-------|

Total number of machines

| | |
|--------------------------------|-------------|
| Operating Hours per Day | _____ hours |
|--------------------------------|-------------|

Average operating hours per day

| | |
|---------------------------------|-------|
| Number of Shifts per Day | _____ |
|---------------------------------|-------|

Number of production shifts

| | | |
|-----------------------|---------------|--------------|
| Units Produced | Before: _____ | After: _____ |
|-----------------------|---------------|--------------|

Total units produced

| | | |
|----------------------|---------------------|--------------------|
| Machine Hours | Before: _____ hours | After: _____ hours |
|----------------------|---------------------|--------------------|

Total machine operating hours

| | |
|------------------------|------------------|
| Production Rate | _____ units/hour |
|------------------------|------------------|

Average production rate

| | |
|--------------------------------|-------|
| Product Type / Industry | _____ |
|--------------------------------|-------|

Compressed Air System

| | |
|-----------------------------|----------|
| Compressed Air Power | _____ kW |
|-----------------------------|----------|

Total compressed air system power

| | |
|----------------------------|-----------|
| Compressed Air Flow | _____ CFM |
|----------------------------|-----------|

Compressed air flow rate

| | |
|--------------------------------|-----------|
| Compressed Air Pressure | _____ psi |
|--------------------------------|-----------|

Operating pressure

| | |
|-------------------------------|----------|
| Total Motor Horsepower | _____ HP |
|-------------------------------|----------|

Total installed motor horsepower

| | | |
|------------------------------|------------------|-----------------|
| Process Heating Power | Before: _____ kW | After: _____ kW |
|------------------------------|------------------|-----------------|

Process heating equipment power

| | |
|-------------------|----------|
| Pump Power | _____ kW |
|-------------------|----------|

Pump system power

| | |
|--------------------------------|----------|
| Welding Equipment Power | _____ kW |
|--------------------------------|----------|

Welding equipment power

| | |
|-------------------------------|----------|
| Conveyor Systems Power | _____ kW |
|-------------------------------|----------|

Conveyor system power

| | | |
|--|------------------|-----------------|
| Material Handling Power | _____ kW | |
| <i>Material handling equipment power</i> | | |
| Process Cooling Power | _____ kW | |
| <i>Process cooling equipment power</i> | | |
| Water Treatment Power | _____ kW | |
| <i>Water treatment system power</i> | | |
| Ventilation Power | _____ kW | |
| <i>Ventilation system power</i> | | |
| HVAC Power | Before: _____ kW | After: _____ kW |
| <i>HVAC system power</i> | | |
| Lighting Power | _____ kW | |
| <i>Lighting system power</i> | | |
| Other Process Loads | _____ kW | |
| <i>Other process loads</i> | | |
| Power Factor | Before: _____ | After: _____ |
| <i>Average power factor (0-1)</i> | | |
| Peak Demand | Before: _____ kW | After: _____ kW |
| <i>Peak electrical demand</i> | | |
| Demand Charge Rate | _____ \$/kW | |
| <i>Utility demand charge rate</i> | | |

7. NOTES
