

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	
<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)	
<i>Physical location where project work is performed (if different from facility)</i>	
Project City	
<i>City where project work is performed</i>	
Project State/Province	
<i>State/Province where project work is performed</i>	
Project ZIP/Postal Code	
<i>ZIP/Postal code for project location</i>	
Project Country	
<i>Country where project work is performed</i>	

Primary Contact Information

Point of Contact Name	
<i>Primary contact person name</i>	
Contact Title/Role	
<i>Job title or role of contact person</i>	
Contact Phone	
Contact Email	
Contact Mobile/Cell	
<i>Mobile phone number (optional)</i>	

Contact Location

Contact Address (Street)	
<i>Contact person's business address (if different from facility)</i>	
Contact City	
<i>City where contact person is located</i>	
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	<input type="checkbox"/> Power Quality <input type="checkbox"/> Energy Savings <input type="checkbox"/> Harmonic Analysis
Circuit Name	

Test Period	Before:	After:
<i>Start and end dates</i>		
Test Duration		
<i>Auto-calculated from CSV data</i>		
Meter Name		
Meter Specification	[] Class 0.2 [] Class 0.5 [] Class 1.0 [] Class 2.0	
Interval Data	[] 1-minute [] 15-minute [] Hourly	

4. WEATHER DATA

Temperature	Before: deg F	After: deg F
<i>Average temperature during test period</i>		
Humidity	Before: %	After: %
<i>Average relative humidity</i>		
Weather Data Source	[] Automatic API [] Manual Entry	

5. BILLING INFORMATION

Utility Company	
Account Number	
Energy Rate	\$/kWh
<i>Cost per kilowatt-hour</i>	
Demand Rate	\$/kW-month
<i>Cost per kilowatt per month</i>	

6. HEALTHCARE FACILITY DATA

Facility Type	[] Hospital [] Clinic [] Medical Center [] Surgical Center [] Nursing Home [] Other: _____
Facility Area	_____ sqft
<i>Total facility floor area</i>	
Number of Beds	_____
<i>Total number of beds</i>	

Number of Operating Rooms	<input type="text"/>	
Total number of operating rooms		
Patient Days	Before: <input type="text"/>	After: <input type="text"/>
Total patient days (patients x days)		
Average Occupancy Rate	Before: <input type="text"/> %	After: <input type="text"/> %
Average occupancy percentage		
Medical Equipment Power (Imaging)	<input type="text"/> kW	
Imaging equipment power		
Medical Equipment Power (Lab)	<input type="text"/> kW	
Laboratory equipment power		
Medical Equipment Power (Surgical)	<input type="text"/> kW	
Surgical equipment power		
HVAC Power	Before: <input type="text"/> kW	After: <input type="text"/> kW
HVAC system power consumption		
Ventilation Air Changes per Hour	<input type="text"/>	
Air changes per hour		
Backup Generator Capacity	<input type="text"/> kVA	
Backup generator capacity		
UPS Capacity	<input type="text"/> kVA	
Uninterruptible Power Supply capacity		
Critical Load Power	<input type="text"/> kW	
Critical load power requirement		

7. NOTES
