

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

Client/Company Name	
Project Name/ID	

Project identifier or name

Project Description	
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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

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	<input type="checkbox"/> Power Quality <input type="checkbox"/> Energy Savings <input type="checkbox"/> Harmonic Analysis	
Circuit Name		
Test Period	Before:	After:
<small>Start and end dates</small>		
Test Duration		
<small>Auto-calculated from CSV data</small>		
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	

3. WEATHER DATA

Temperature	Before: deg F	After: deg F
<small>Average temperature during test period</small>		
Humidity	Before: %	After: %
<small>Average relative humidity</small>		
Weather Data Source	<input type="checkbox"/> Automatic API <input type="checkbox"/> Manual Entry	

4. BILLING INFORMATION

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

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

6. NOTES
