

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. 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	
<i>Country where facility is located</i>	
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

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. 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	
<i>Total facility floor area</i>		
Number of Production Lines	_____	
<i>Total number of production lines</i>		
Number of Machines/Equipment	_____	
<i>Total number of machines</i>		
Operating Hours per Day	_____ hours	
<i>Average operating hours per day</i>		
Number of Shifts per Day	_____	
<i>Number of production shifts</i>		
Units Produced	Before: _____	After: _____
<i>Total units produced</i>		
Machine Hours	Before: _____ hours	After: _____ hours
<i>Total machine operating hours</i>		
Production Rate	_____ units/hour	
<i>Average production rate</i>		
Product Type / Industry	_____	
Compressed Air System		
Compressed Air Power	_____ kW	
<i>Total compressed air system power</i>		
Compressed Air Flow	_____ CFM	
<i>Compressed air flow rate</i>		
Compressed Air Pressure	_____ psi	
<i>Operating pressure</i>		
Total Motor Horsepower	_____ HP	
<i>Total installed motor horsepower</i>		

Process Heating Power	Before: _____ kW	After: _____ kW
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Process heating equipment power

Pump Power	_____ kW
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Pump system power

Welding Equipment Power	_____ kW
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Welding equipment power

Conveyor Systems Power	_____ kW
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Conveyor system power

Material Handling Power	_____ kW
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Material handling equipment power

Process Cooling Power	_____ kW
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Process cooling equipment power

Water Treatment Power	_____ kW
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Water treatment system power

Ventilation Power	_____ kW
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Ventilation system power

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

Lighting Power	_____ kW
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Lighting system power

Other Process Loads	_____ kW
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Other process loads

Power Factor	Before: _____	After: _____
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Average power factor (0-1)

Peak Demand	Before: _____ kW	After: _____ kW
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Peak electrical demand

Demand Charge Rate	_____ \$/kW
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Utility demand charge rate

6. NOTES
