**NOTE!** This template is designed to be used within your workplace to help you identify what arrangements you have in place to manage energy consumption within your workplace presently and assist you in identifying any additional areas or behaviours which may be required to reduce energy consumption.

Please tailor this example questionnaire to your own workplace, this list is by no means exhaustive.

|  |  |
| --- | --- |
| **Name and address of business /  premises inspected:** |  |

| **Consideration** | **Yes** | **No** | **N/A** |
| --- | --- | --- | --- |
| **Heating and Air Conditioning** | | | |
| Do you have the most effective energy supplier/tariff? |  |  |  |
| Have the heating/air conditioning systems been maintained and serviced within the last 12 months? |  |  |  |
| If records are kept, indicate the location here: | | | |
| Is the heating/air conditioning thermostat set to the correct temperature? |  |  |  |
| Are there any issues with the temperature being too warm or cold? |  |  |  |
| Are the heating/air conditioning thermostat and timers in good working order? |  |  |  |
| Are timers set correctly for the time of year? |  |  |  |
| Is the building adequately insulated? |  |  |  |
| Are all the windows and doors properly sealed with no draughts? |  |  |  |
| Are all doors and windows closed when not in use? |  |  |  |
| Are any heaters blocked by furniture or equipment? |  |  |  |
| Is the water heater adequately insulated? |  |  |  |
| Is the water temperature set at an optimal temperature? |  |  |  |
| Are taps and water pipes free from damage and leaks? |  |  |  |
| **Lighting** | | | |
| Are LED bulbs fitted in all light fittings? |  |  |  |
| Are lights switched off where natural light is present? |  |  |  |
| Is lighting switched off when not in use? |  |  |  |
| Are lights switched off outside working hours? |  |  |  |
| Does any of the lighting need replacing or improving? |  |  |  |
| Is all emergency lighting in working order? |  |  |  |
| **Equipment** | | | |
| Is electrical equipment switched off when not in use? |  |  |  |
| Is electrical equipment switched off and unplugged overnight? |  |  |  |
| Is all electrical equipment in use less than 10 years old? |  |  |  |
| Is all electrical equipment well maintained and in good working order? |  |  |  |
| Are refrigeration units being used efficiently? |  |  |  |
| Are pumps/fans/compressed air switched off when equipment is not in use? |  |  |  |
| Where equipment contains electric motors, do they have variable drive? |  |  |  |

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| --- | --- | --- |
| **Recommendations & Actions** | | |
| **Action Required** | **Person Responsible** | **Date Due:** |
|  |  |  |
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|  |  |  |
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| --- | --- |
| **Checklist Completed by:** | |
| **Name** |  |
| **Signature** |  |
| **Date:** |  |