

Ventilation System Survey Form

1. Fill out, print and fax this form to 800-260-9199 for your free savings evaluation.
2. Do not skip any lines while identifying workstations.
3. Workstation "description" field is required.
4. Hours worked per shift are required.
5. Enter % activity for each workstation on each shift. (Avg is calculated and used in program.) *See note.
6. Enter totals at the bottom of the page. Use second page only if there are more than 12 drops on the system.



866.670.IVEC (4832)

***Note:** If a workstation is 70% active it may actually be 60% active due to work and lunch breaks:
never 100% active.

CONTACT INFO	
Company Name:	Phone:
Contact Name:	Fax:
Street:	Email:
City:	Date:
State, Zip	
VENTILATION SYSTEM INFORMATION	
Ventilation system name or #:	Contaminant Type(s):
HP of fan motor:	Main Duct size: FPM:
Hours of operation per day/week/year	Annual weeks of operation:

Work Station	Asset # and Workstation Name	Enter hours per shift												Total Gates	1st Shift % Active	2nd Shift % Active	3rd Shift % Active	Overall Percent Active
		4"	5"	6"	7"	8"	9"	10"	11"	12"	14"	16"						
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
TOTAL																		

Please provide typical Summer and Winter electrical bills from your power company.

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Work Statio	Asset # and Workstation Name	4"	5"	6"	7"	8"	9"	10"	11"	12"	14"	16"	Total Gates	1st Shift % Active	2nd Shift % Active	3rd Shift % Active
13																
14																
15																
16																
17																
18																
19																
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34																
35																
36																
37																
38																
39																
40																
TOTAL																

Overall
Percent
Active

Please provide typical Summer and Winter electrical bills from your power company.