

CUSTOMER SURVEY QUESTIONNAIRE

Please fill up your data in description.

Item	Questionnaire	Description
A Background		
1	Company Name	
2	Address	
3	Person In Charge	Name : _____ Contact No. _____
4	Type of Business	
5	Years of Operation	<input type="checkbox"/> < 5 Years <input type="checkbox"/> > 5 Years
B Energy Demand		
1	Electrical System	Existing Electricity Tariff Category <input type="checkbox"/> Intake Voltage _____ kV Elec. Billing Historical Record Avg Max Demand in A Year _____ kW Avg Min Demand in A Year _____ kW <hr/> Energy Consumption In A Month Avg Max Real Energy _____ kWh Avg Min Real Energy _____ kWh Avg Max Reactive Energy _____ kVarh Avg Min Reactive Energy _____ kVarh <hr/> Business Operation <input type="checkbox"/> Daily start-stop <input type="checkbox"/> 24 hrs continuous operation
2	Heating System	<input type="checkbox"/> Steam <input type="checkbox"/> Hot Water Avg Max Demand _____ ton/hr, from _____ am/pm to _____ am/pm Avg Min Demand _____ ton/hr, from _____ am/pm to _____ am/pm Annual Operation Hours _____ hr/year Type of Fuel _____ Cost of Fuel _____ RM/Ton <hr/> For steam Steam operating pressure _____ barG Steam operating temperature _____ °C Boiler Feed Water pressure _____ barG Boiler Feed Water temperature _____ °C

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		List of Existing Boilers <table border="1"> <thead> <tr> <th>No.</th> <th>Year</th> <th>Brand / Model</th> <th>ton/hr</th> <th></th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td><td></td><td></td></tr> <tr><td>5</td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	No.	Year	Brand / Model	ton/hr		1					2					3					4					5				
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3	Cooling System	List of Existing Chillers <table border="1"> <thead> <tr> <th>No.</th> <th>Year</th> <th>Brand / Model</th> <th>kW</th> <th>RT</th> </tr> </thead> <tbody> <tr><td>1</td><td></td><td></td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td><td></td><td></td></tr> <tr><td>4</td><td></td><td></td><td></td><td></td></tr> <tr><td>5</td><td></td><td></td><td></td><td></td></tr> </tbody> </table> (Please use attachment if more Chillers available) Chilled Water Requirement Process 1, Capacity _____ RT, Supply ____ °C, Return ____ °C Process 2, Capacity _____ RT, Supply ____ °C, Return ____ °C Process 3, Capacity _____ RT, Supply ____ °C, Return ____ °C Process 4, Capacity _____ RT, Supply ____ °C, Return ____ °C Process 5, Capacity _____ RT, Supply ____ °C, Return ____ °C	No.	Year	Brand / Model	kW	RT	1					2					3					4					5				
No.	Year	Brand / Model	kW	RT																												
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4	Natural Gas Supply	a) supply pressure : 4.0 _____ barG b) existing usage : 900 _____ Sm ³ /hr @ peak																														
C Existing DOE Requirement																																
	Exhaust Gas Control	NOx: 2.0 _____ (mg/Nm ³) Sox : 3.5 _____ (mg/Nm ³)																														
D Area of Interest																																
1	Application	<input type="checkbox"/> Gas Turbine Co-generation (Possesses License ?) <input type="checkbox"/> Absorption Chiller <input type="checkbox"/> Others																														
2	Potential Expansion <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, anticipated additional requirement Electricity _____ kW Heat _____ ton/hr (steam / hot water / hot gas) Air Cond _____ RT To be implemented within _____ year																														

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E	Others	
		<p>We require the following documents for our study.</p> <ul style="list-style-type: none">a) Drawings of Electrical Single Line Diagram & Switchroom Layoutb) Drawing of Over Plant Layoutc) Monthly Electricity Bills (min. 6 Months)d) Monthly expenses of other energy (MFO, etc., min 6 motnhs) <p>Thank you!!!</p>