

Hospital Energy Performance Verification Report

Hospital Name

Address

Report Date

Prepared By

Contact Information

Verification Period

1. Executive Summary

2. Facility Description

Facility Type

Total Floor Area (m²)

Number of Beds

Operating Hours

3. Energy Consumption Data

Energy Source	Consumption	Unit	Period

4. Energy Performance Indicators

Indicator	Value	Unit	Reference
Energy Use Intensity (EUI)		kWh/m ²	
Energy Consumption per Bed		kWh/bed	

5. Verification Methodology

6. Findings and Analysis

7. Recommendations

8. Appendices

Signatures

Verifier Name

Signature

Date

Facility Manager Name

Signature

Date