

# Hospital Equipment Energy Utilization Form

Facility/Hospital Name

Department/Ward

Date

Equipment Name	Model/Type	Quantity	Rated Power (W)	Daily Usage (hours)	Total Daily Consumption (kWh)	Re
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Equipment Daily Consumption (kWh)

Submitted by

Additional Comments