## **Hospital Energy Efficiency Inspection Report**

## 1. General Information

Address					
Date of Inspection					
Inspector Name(s)					
2 Facility Duck	::1_				
2. Facility Prof  Total Floor Area (m²)	ile				
Number of Beds					
Operating Hours					
	-			Unit	Comments
Energy Source	-	on Data		Unit	Comments
	-				Comments
Electricity	-			kWh	Comments
Energy Source Electricity Natural Gas	-			kWh m³	Comments
Energy Source Electricity Natural Gas Diesel	-			kWh m³	Comments
Energy Source Electricity Natural Gas Diesel Other	Ann	nual Consumption	ing Syster	kWh m³ Litre	Comments
Energy Source Electricity Natural Gas Diesel	Ann	nual Consumption	ing Syster	kWh m³ Litre	Comments Opportunities
Energy Source Electricity Natural Gas Diesel Other	Ann	or Energy-Us		kWh m³ Litre	
Energy Source  Electricity  Natural Gas  Diesel  Other  4. Assessment	Ann	or Energy-Us		kWh m³ Litre	
Energy Source  Electricity  Natural Gas  Diesel  Other  4. Assessment  System  Lighting	Ann	or Energy-Us		kWh m³ Litre	
Energy Source  Electricity  Natural Gas  Diesel  Other  4. Assessment  System  Lighting  HVAC	Ann	or Energy-Us		kWh m³ Litre	

6. Recomme	endations		
7. Inspector	· Signature		
Name			
Date			
Signature			