INITIAL FACILITY ASSESSMENT (IFA)			
One IFA for each Facility / meter	(1) Please complete a separate IFA Form / Facility		
	(2) Submit Complete Electricity bills for last 12 months		
C N			
Company Name:  Location Address of facility			
Where assessment is done			
Square Footage of the Facility:		sq ft	
Contact Name:			
Contact Title:			
Contact Office Ph:			
Contact Cell Ph:			
Contact Email:			
% Breakdown of energy usage	Lighting	%	
in the facility being assessed	Air Conditioning	%	
	Refrigeration	%	
	Equipment	%	
	Resistive	%	
	Total	100 %	

Does the facility have	Non-linear loads	Yes [ ] No [ ]	
Does the facility have any	Power quality issues	Yes [ ] No [ ]	
What is the Power Factor Number	coming into the facility?		
Does it have installed any	Power factor correction	Yes [ ] No [ ]	
Does the facility have any	Power Factor Penalty charge	Yes [ ] No [ ]	
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Any addition in next 12 months	Shifts for additional work	Yes [ ] No [ ]	
Any addition in next 12 months	new equipment	Yes [ ] No [ ]	
Does the facility have > 600 volts	Medium voltage equipment	Yes [ ] No [ ]	
Does the facility have HVAC - EMS	Energy Management System	Yes [ ] No [ ]	
Average age of	HVAC & Refrigeration units		
Average distance from	Meter to average equipment	ft	
When did the facility have	the last Lighting Retrofit?	Date	
Type of Lighting:		LED HID Other	
	[ ] [ ] [ ]	[ ] [ ] [ ]	
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