



Standby Power Evaluation Worksheet

(Page 1 of 2)

Your name & position: _____

Company name and industry: _____

Company address with zip code: _____

Your phone number & e-mail address: _____

Location of the facility to be evaluated for standby power:

Name & Address: _____

City, state, zip code: _____

To assess the cost benefits of a standby generator, we first need to determine the impact an extended power outage will have on your organization. We also need technical data to properly size the proposed generator.

Background information:

1. In the past 12 months, approximately how many power outages have you experienced? _____
Shortest outage _____ Longest outage _____
2. How long can you be without power before your customers will be seriously affected? _____
3. What is your tangible loss per hour caused by a power outage? _____
(Include lost labor, damaged product, overtime and expedited shipments.)
4. How long does it take you to resume full operation after a power outage? _____
5. What specific event caused you to seek out our web site? _____

Technical Information:

1. How many services does your electric utility provide? (How many transformers feed the building?) ____
2. What is the size of each service? This can be taken from the serial number plate on your main electrical panel(s).
Volts _____ Amps _____

Historical Information:

To size your generator and calculate your energy savings, we need your electric consumption history. Please sign the "authorization release form" (next page) and send it to your electric utility account representative with a copy to us. This form is required by the utility before releasing your consumption history and is common industry practice.

Thank you for providing the input data above. When is the best time to contact you after we have reviewed your information?

Please fill out and mail or Fax both pages to Gina Larson at:

Energy Alternatives, Inc.
21210 Eaton Avenue Suite C
Farmington, MN 55024
Phone: **651.460.6100** Fax: **651.460.6717**

Page 2 of this document (**Information Release Authorization**) must also be sent to your representative at the electric utility who supplies power to the facility under the study.



Information Release Authorization

(Fill out and mail to the electric utility who supplies power to the facility under study. Include copy with information sent to Energy Alternatives)

To: (Utility Name): _____
(Account Rep.): _____
(City/State/Zip): _____
(Phone): _____

Please accept this as my written authorization to release a computer printout of the utility bills for the last 24 months (12 minimum) for the property located at:

Name: _____

Address: _____

Account #: _____

Name: _____

Address: _____

Account #: _____

Name: _____

Address: _____

Account #: _____

Name: _____

Address: _____

Account #: _____

Release Information to: Energy Alternatives
21210 Eaton Avenue Suite C
Farmington, MN 55024
Attn: Gina Larson

Name: _____

(Please Print)

Signature: _____

Title: _____

Date: _____