



**Industrial  
Assessment  
Center at**

**LSU**

## LSU-IAC Pre-Assessment Form

*Please complete this form and press submit at the bottom of the page when complete. Any additional documentation can be sent to [chaowang@lsu.edu](mailto:chaowang@lsu.edu)*

### **Section 1: Company Information**

**Company Name**

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**Address**

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Street Address

---

Street Address Line 2

---

City

---

State / Province

---

Postal / Zip Code

---

Country

**Contact Person**

---

**Title/Position**

---

**Phone**

---

**E-mail**

---

**Principal Products**

---

**SIC Code**

---

NAICS Code

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## **Section 2: General Information**

**\*Please provide information only for the site being assessed.\***

**Annual Sales (\$)**

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**Annual Production (pieces, parts, pounds, gallons, etc)**

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**Number of Employees**

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**Total Plant Area (ft2)**

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**Number of Buildings**

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### **Building Details**

	Area	Size or Square Feet	Age	Use
Building 1	<hr/>	<hr/>	<hr/>	<hr/>
Building 2	<hr/>	<hr/>	<hr/>	<hr/>
Building 3	<hr/>	<hr/>	<hr/>	<hr/>
Building 4	<hr/>	<hr/>	<hr/>	<hr/>
Building 5	<hr/>	<hr/>	<hr/>	<hr/>

**Briefly describe operating process.**

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### Shift Structure

	Shift Start- Shift End	Days of the Weeks	Number of Employees
1st Shift	_____	_____	_____
2nd Shift	_____	_____	_____
3rd Shift	_____	_____	_____
Office	_____	_____	_____
Others	_____	_____	_____

**Please note any special shutdowns, overtimes, different operating hours in different areas of the plant. This information will affect the operating cost calculation.**

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### Contracted Maintenance? (ex. boilers, compressors)

- Yes
- No
- Do not know

**If yes, please note contractor company and how often:**

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### Do you have a formal startup procedure?

- Yes
- No
- Do not know

**Labor plus overhead rate for production personnel:**

\_\_\_\_\_

## **Section 3: Utility Information**

### Electricity

**Number of electricity meters**

\_\_\_\_\_

**Do you correct for power factor?**

Yes

No

Do not know

**Electricity Delivery Company**

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**Electricity Supplier**

---

**Electricity Approximate Annual Cost (\$) (Optional)**

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**Do you generate your own power?**

Yes

No

Do not know

## Natural Gas

**Natural Gas Delivery Company**

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**Natural Gas Supplier**

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**Natural Gas Approximate Annual Cost (\$) (Optional)**

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## Fuel / Oil

**Type of Oil**

---

**Size of Tank**

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**Delivery Schedule**

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**Supplier**

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**Approximate Fuel/Oil Annual Cost (\$) (optional)**

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Please list any other fuels or specialty gases, ex. coal, propane, CO2, Nitrogen, etc.

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## Water

**Water Cost per year**

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**Gallons used/year**

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**Are you treating water?**

Yes

No

## Trash or Landfill

**Trash/Landfill Cost per year**

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**Any Hazardous waste?**

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**Any Recyclables?**

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## Section 4: Plant/Facility Information

**Do you have a plant layout or floor plan?**

Yes (Please submit to [lsuiac@lsu.edu](mailto:lsuiac@lsu.edu))

No

**Please list any process that requires heating (other than space heater):**

**Please list any processes that require refrigeration:**

**Please list Major Energy Consuming Equipment with model information:**

## Lighting

**Are employees and management satisfied with with existing lighting levels?**

Yes

No

**Are there any lighting concerns?**

Yes

No

**Has the facility had a lighting retrofit installed in the past?**

Yes

No

**If yes, when and what was installed?**

## HVAC Systems

**Central Heating: Steam/hot water or forced air?**

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**Is there a boiler?**

Yes

No

**If yes, please answer the following:**

**Boiler Pressure:**

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**Boiler Capacity**

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**Annual Steam Usage:**

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**Annual Steam Cost:**

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## Production Equipment

**Do you use any compressor?**

Yes (Please list details in the following table)

No

Do not know

**Compressor Details**

	Type	Horspower	Annual Hours of Operation
Compressor 1	_____	_____	_____
Compressor 2	_____	_____	_____
Compressor 3	_____	_____	_____

**Are VFDs installed on the compressors?**

Yes

No

Do not know

**Do you have any motors greater than 50 HP?**

Yes

No

Do not know

**Do you use any cooling towers?**

Yes

No

Do not know

**Do you use any chillers?**

Yes

No

Do not know

**Do you use any ovens?**

Yes

No

Do not know

## **Section 5: Potential Improvement Areas Under Consideration**

Below, please list those areas that you consider the best opportunities for saving, improvement, or problematic. Describe any future energy reduction projects to help us best focus our efforts and measurements; consider energy usage, manufacturing productivity, and waste reduction. Feel free to attach any additional information as necessary.

**Potential measures for energy savings:**

**Cost reduction measures:**

**Productivity improvement:**



**Waste reduction:**

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**Safety Improvement:**

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**Other areas:**

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## **Section 6: Assessment Day Information**

**Will our team be allowed to freely move around the facility?**

Yes

No

**Will your company provide personnel to escort up to 3 teams around the facility for data collection?**

Yes

No

**May we take photographs in your plant? (for report only)**

Yes

No

Some areas only

**If some areas only, please specify:**

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**What PPEs will be needed for accessing your facility?**

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**Will the required PPEs be provided in the facility?**

Yes

No

**If yes, please list details:**

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**Are there any additional safety protocols required before entering your facility?**

Yes

No

**If yes, please explain:**