

Data Collection

Lab Name: _____ Building: _____ Room Number: _____

Initial Observation of Room:

1. Light status: on ___ off ___
2. Is the room temperature comfortable? _____
3. Noticeable excessive airflow in room: yes ___ no ___
4. Noise: loud ___ quiet ___
5. Task: Place a HOB0 *under a task light, away from task lighting, near windows, away from windows.*

Location of
HOB0s in
Room



Location (short description)

1:	2:
3:	4:

6. Is there excess heat or cool air coming off any equipment? Which?
7. Equipment that looks out of place or hasn't been used in a long time?
8. Other Observations (dusty equipment, etc.)

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Other Energy Observations

General Energy			Lighting			Fumehood			Computers		
# of wallwarts	# of Space-heaters	#of Under-utilized Power-strips On	# of Bulbs in room (circle) T4 or T8	# of Light switches/ # with no reminder sign	# of Burnt-Out Bulbs	# of Fume-hoods	# of Fume hoods with sash above lowest opening?	# without reminder sign next to fume hood?	# of computers	# of computers on with no program running	# of computers/ # with no reminder to turn off/hibernate?

Recycling

# of Office Pack Recycling Bins (Paper)	# of Commingled Recycling Bins	# of Battery Bins	Is there clear Signage on Bins?

Other Questions

of Aspirators? _____ Windex/other cleaning chemicals? _____

Is there any equipment with continuous water use? _____ If yes, describe the water use and equipment involved:

Water Measurements: _____