QUESTIONNAIRE



**Kementerian Tenaga dan**

**Sumber Asli (KeTSA)**

ENERGY CONSUMPTION PREVIEW FOR INDUSTRIAL PREMISES

(For The Purpose of Registration)

Instructions

1. *Completing the attached questionnaire will help SEDA Malaysia (authorized government agency) to know about you your premise. Therefore, we would appreciate it if you could complete the questionnaire and return it to us.*
2. *The information provided in this questionnaire will be kept confidential and there will be no release of a part or whole of the information unless there is written consent from your company.*
3. *If you don’t have at this stage readily available data to complete certain fields in this questionnaire, please provide estimated figures first or leave it blanks and the correct figures can be prepared at a later stage (during the walkthrough audit).*
4. *For further inquiries please contact SEDA Malaysia (TECH). On Tel: +603 8870 5814 / +603 8870 5853 or Fax: 03-8870 5900, e-mail:* [*noorhisam@seda.gov.my*](mailto:noorhisam@seda.gov.my) */* [*rohaiza@seda.gov.my*](mailto:rohaiza@seda.gov.my)
5. General Information

* Name of the company:
* Address
* Telephone No.: Fax No.:
* Person in charge of energy issues:

Name: Position:

Telephone No.: Fax No.:

* Description of the business activity:

(production type)

1. Size of Business

* Number of staff:
* No. of main buildings:
* **Estimated total Net / occupied floor areas (NFA) in : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_m2**
* Estimated total Gross occupied floor areas (GFA) in : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_m2
* For factory only:

No. of productions per year (kg):

1. Operating Time

* General starting time:
* General finish time:
* No of working days per week and per year :
* Do you work on public holidays: **Yes/No**

1. Installation Description

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Premise No.** | Usage | **No. of Floors** | **Premise materials & color’s (Walls & Roof)** | Are windows tinted? | **Total occupied areas (m2)** | **Is the roof insulated?(Yes/No)** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |

Add additional sheet for extra premise.

1. Electricity

* Tariff code:
* Electricity End-Users

List in the following the estimated percentages of end-user consumption of the total electricity bill

|  |  |
| --- | --- |
| **End-User Load** | **Percentage of Total Bill**  **%** |
| **Production equipment** | % |
| **Pumps** | % |
| **Air Compressor** | % |
| **Fans and Blowers** | % |
| **Air-conditioning** | % |
| **Lighting** | % |
| **Others (please specify)** | % |
| Total | 100 % |

* List your electricity bill history for the last 12 months

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Month** | **Year** | **KWh**  **(Peak)** | **KWh**  **(off-peak)** | **MD**  **(kW)** | **PF penalty**  **(RM)** | **Total Bill**  **(RM)** |
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* Do you pay a Power Factor penalty? **YES/NO**
* Please attach **a copy of the latest annual TNB electricity bill** of your company.
* **Electricity Metering**

##### Main utility meters (kWh & kVARh)

|  |  |  |
| --- | --- | --- |
| **Meters** | **Function** | Type(Electronic/Electro-mechanical with rotation disk) |
|  |  |  |
|  |  |  |
|  |  |  |

##### Sub-meters (kWh & kVARh)

|  |  |  |
| --- | --- | --- |
| **Meters** | **Function** | **Type**  **(Electronic/Electro-mechanical with rotation disk)** |
|  |  |  |
|  |  |  |
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1. Fuels

* Do you use any type of fuels? Yes/No

If Yes, please fill the following table:

|  |  |  |  |
| --- | --- | --- | --- |
| Fuels | **Usage** | **Unit** | **Estimated annual costs (RM)** |
|  |  |  |  |
|  |  |  |  |

7. Boilers (if any).

This is related to boilers used for generating steam used in the operations.

If you have boilers, please complete the following information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Boilers | 1 | 2 | 3 | 4 |
| Fuel type |  |  |  |  |
| Boiler Type  Water-tube/Fire-tube |  |  |  |  |
| Steam Capacity (Ton/hr) |  |  |  |  |
| Steam values  (Ton/hr,°C, bar) |  |  |  |  |
| Efficiency or Heat Rate (%) |  |  |  |  |
| Frequency of blow down |  |  |  |  |
| Does it have heat recovery? Yes/No |  |  |  |  |
| Age and Year of Commissioning  (Years/ 19…) |  |  |  |  |
| Manufacturer |  |  |  |  |
| Use |  |  |  |  |

* Do you have any heat recovery/rejection? Yes/No

If the answer Yes, describe briefly how:

8. ACMV System

* Start-up time:
* Shut down time:
* Is there any control to the amount of fresh air used by the air-conditioning system? **Yes/No**

## If the answer **Yes**, describe briefly how:

* Indicate the type of air-conditioning system used in your premise:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Location** | Type | **Control (Manual /Automatic)** | **Capacity** | **Total Unit** | **Year Manufactured** |
|  |  |  |  |  |  |
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* Is there any future upgrading for your air-conditioning system? Yes/No

If **Yes**, please indicate when and what type of the new system (capacity, type).

9. Production equipment (if related)

* List the types of production machines or equipment

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of Equipment | Brand | Model | Year of Manufactured | Capacity (kW) |
|  |  |  |  |  |
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10. Pump (if related)

* List of the type of pump

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| --- | --- | --- | --- | --- |
| Type of pump | Brand | Model | Year of Manufactured | Rated Power (kW) |
|  |  |  |  |  |
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* Is there any retrofitting equipment attached?

If yes, please justify.

11. Air Compressor (if related)

* List of the types of air compressor

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Compressor No | Brand | Model | Capacity (m3/hour) | Rated Power (kW) |
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12. Fan and Blower (if related)

* List of type of fan and blower

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type | Brand | Model | Rated power (kW) | Year Manufactured |
|  |  |  |  |  |
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13. Lighting

* List the types of lighting technologies used in your premise

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Lighting Technologies | Place of Use | Total No. | Total kW | Remarks |
| Ordinary fluorescent tubes |  |  |  |  |
| Compact fluorescent lamps |  |  |  |  |
| Incandescent globes |  |  |  |  |
| Luminaires without reflector |  |  |  |  |
| Luminaires with mirror reflectors |  |  |  |  |
| Tri-phosphor fluorescent tubes |  |  |  |  |
| Lighting energy savings systems (provide the brand name) |  |  |  |  |
| Lighting control system |  |  |  |  |
| Others (please state) |  |  |  |  |

* Is there any future upgrading for your lighting system? Yes/No

If **Yes,** indicate when and what type of the new system.

14. Water Consumption

* Do you recycle your water? Yes/No

If the answer Yes, indicate what is the proportion of used water is recycled: \_\_\_\_\_\_\_\_\_%

* List your monthly water consumption for the last 12 months:

|  |  |  |  |
| --- | --- | --- | --- |
| **Month** | **Year** | Consumption  **(m3)** | **Costs**  **(RM)** |
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15. Energy Loads

* If available, please attach a copy of the daily/weekly/monthly load cycle.

16. Are there any future expansion plans for hot water and power demand?

Yes/No

* If Yes, please describe the plans briefly.

17. Do you have any future plans for an Energy Efficiency project?

Yes/No

* If **Yes,** please describe the projects:

18. Have you recently implemented any Energy Efficiency Projects?

Yes/No

* If **Yes,** please describe the projects:

## **19.** Is there any energy saving equipment installed in your premise? **Yes/No**

If **Yes**, please describe briefly about the equipment.

1. Do you have Supervisory Control and Data Acquisition (SCADA) or Building Automation System (BAS) for monitoring and controlling your operations? Yes/No

If **Yes,** does your SCADA/BAS record electricity demand of your manufacturing facilities?

1. Is there any future upgrading for any facilities for your premise?

If **Yes,** indicate when and provide the description of the upgrade.