**Improving Efficiency of Commercial Buildings**

**Building Re-Tuning Log Sheets**

**Building Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Building Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Owner Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Building Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Outdoor conditions at time of building walk-down \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Re-tuning Team:**

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| --- | --- | --- | --- |
| **Name** | **Company** | **Phone Number** | **Email Address** |
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**Building Walk-down Information Log**

**Review Electrical and Mechanical Prints**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prints Available (Circle answers and add any comments):

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| --- | --- |
| **Mechanical:** Yes No | **Electrical:** Yes No |
| **Comments:** | |

Mechanical Prints

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| --- | --- | --- | --- | --- | --- |
| **Floors** | **Number of Perimeter Zones** | | | | **Number of Interior Zones** |
| **North** | **South** | **East** | **West** |
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Electrical Prints

Generally, record individual loads from all equipment in the building. For each equipment type or size, record the number on a separate row.

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| **Equipment or System** | **Number** | **Load per unit, kW or tonnage** | **Comments (Controls – Thermostat, time clock, other)** |
| **HVAC Equipment** |  |  |  |
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| **Equipment or System** | **Number** | **Load per unit, kW** | **Comments (Controls – Occupancy Sensor, time clock, other)** |
| --- | --- | --- | --- |
| **Lighting** |  |  |  |
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| **Exterior lighting** |  |  |  |
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| **Ancillary loads** |  |  |  |
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**Complaint log**

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| **Room Number** | **HVAC Equipment** | **Complaint** |
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**Walk the Outside of the Building**

**Windows**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Orientation/Side of Building (e.g., east, west, north, south)** | **Estimate of Percentage Windows on Exterior Wall** | **Type of Windows (e.g., single- or double-glazed, reflective, low-e, etc.)** | **Condition of seals and/or caulking (e.g., poor, good, excellent)** | **Significant interior or exterior shading? (Yes/No)** | **Operable Windows? (Yes/No)** | **If operable, estimated percentage open (%)** | **Other Observations (e.g., broken windows, shading in place but not in used)** |
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**HVAC System Grills**

Approximate number and size of HVAC grills. Note unusual situations.

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| **Orientation/Side of Building (e.g., east, west, north, south)** | **Estimated number of HVAC grills** | **Location of Grills** | **Unusual situations** | **Other Notes** |
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**Exterior Doors**

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| **Orientation/Side of Building (e.g., east, west, north, south)** | **Number of Doors** | **Use of Doors (main entrance, side entrance, service—allocate a row to each type)** | **Level of Usage (light, medium, heavy)** | **Notable Conditions or Other Notes (e.g., doors not fully closing, door slamming, building pressure checks, seals-sweeps, etc.)** |
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**Outside Lights**

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| **Orientation/Side of Building (e.g., east, west, north, south) or Parking Lot** | **Lights on during the day? (Yes/No)** | **Purpose of lighting** |
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**Exterior Electrical Boxes and Piping/Conduit penetrations**

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| **Orientation/Side of Building (e.g., east, west, north, south) or Parking Lot** | **Note Any Boxes, Piping or Conduits with Poor Seals, Bad Caulking, or Leaking Air Noise. Note if Thermal image or picture taken** | |
| **Problem** | **Location** |
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**Walk down the attic and crawl space of the building**

**Attic Space-** Is the attic accessible? (Circle one) Yes or No Comments:

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| **Area of the attic or side of the building:** | **Are the attic vents open? Y/N** | **Is there insulation missing or falling down? Y/N**  Take pictures or thermal images of area if yes is answered in the following columns | **Is there evidence of water leaks or water damage? Y/N** | **Is there any abandon ductwork, venting, or equipment in the attic space? Y/N** |
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**Crawl Space-** Is the crawl space accessible? (Circle one) Yes or No Comments:

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| **Area of the crawl space or side of the building:** | **Are the crawl space vents open? Y/N** | **Is there insulation missing or falling down? Y/N**  Take pictures or thermal images of area if yes is answered in the following columns | **Is there evidence of water leaks or water damage? Y/N** | **Is there any abandon ductwork, venting, or equipment in the crawl space? Y/N** |
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**Other Conditions**

**Condition of Exposed Ductwork**

Identify gaps, leaks, unusual vibrations and holes in flex couplings

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| **Problem Condition** | **Location** | **Description and Notes** |
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**Noises**

Note any unusual noises such as squeals, high air leakage, thumping, unusual vibrations, or extreme quiet. For fans note, if they sound overloaded or extremely quiet.

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| **Kind of Noise** | **Location or Source** | **Description and Notes** |
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**Walk down the Roof**

Is the roof white? Circle one (Y/N)

Are there any thermal images of the roof? Circle one (Y/N)

If yes how many?

Is there any heat trace in the gutters or the scoopers? Circle one (Y/N)

Are there controls for the heat trace? Circle one (Y/N)

Do the controls work properly? Circle one (Y/N)

Comments:

**Walk Down Mechanical**

HVAC Equipment (packaged units, packaged air handlers, etc.)

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| --- | --- | --- | --- |
| **Type of Equipment** | **Equipment Name** | **General Condition (Poor, Good, Excellent)** | **Notes on Condition (missing exterior panels, seals missing around access doors, missing condenser fans, poor general maintenance, etc.)** |
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**Coils, Filters, Dampers, Belts, Doors and Valves**

Record dirty/plugged or damaged coils and filters, damaged or frozen dampers, squealing belts, water leaks, valves not opening or closing fully, valves leaking, bypasses or unmatched wire colors, etc.

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| **Component** | **Observed Condition and Notes** |
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**Exhaust Fans**

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| **Approximate Fan Size** | **Number** | **Application, if Known (bathroom exhaust, kitchen, lab exhaust, etc.)** | **Exhausting? (Yes/No) Identify any that are not. Are there controls on the exhaust fans (time clocks, interlock to thermostat, etc).** |
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**Walk Inside of Building**

**Lighting**

Type of hallway lighting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Average number of fixtures per hallway:

Lighting level in hallway

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Average number of lamps per fixture:

Type of office lighting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Average number of fixtures per office:

Lighting level in office

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Average number of lamps per fixture:

Other types of other indoor lighting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hallways and Offices/Room (one page per hallway; make sufficient copies in advance)**

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| **Floor** | **Hallway Identifier** | **Type of Heating, If Any** | **Thermal Conditions In Hallway (cool, comfortable, warm, stuffy)** | **Measured Temperature or Thermal images (°F)** | **Thermal Feel Compared to Offices on the Hallway (About the same, cooler, or warmer)** |
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| **Office/**  **Room**  **Number** | **Use of Space (e.g., office, conference room, etc.)** | **Thermostat in Room? (Yes/No)** | **Thermostat Location (OK, blocked, near heat source, etc.)** | **Perimeter or Interior (P or I)** | **Discharge Duct Register Open, Closed, Covered, etc.** | **Discharge Air Temp (°F)** | **Room Air Temp (°F)** | **Portable Heaters Used (Yes/No)** | **Corner Office/**  **Room? (Yes/No)** | **Lighting Occupancy Sensors? (No, Yes OK, hidden)** | **Thermal image and /or pictures have been taken (Y/N)** |
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**HVAC Unit Thermostats; make sufficient copies in advance)**

| **HVAC Equipment #** |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of heating and cooling:** |  |  |  |  |  |  |  |  |  |
| **Programmable: (Make and Model)** |  |  |  |  |  |  |  |  |  |
| **Type of Thermostats: (5+2, 5+1+1, 7)** |  |  |  |  |  |  |  |  |  |
| **Is the thermostat programmed? Is the thermostat in an override state?** |  |  |  |  |  |  |  |  |  |
| **Does the thermostat have control of the economizer (integrated)?** |  |  |  |  |  |  |  |  |  |
| **Monday: Period 1: ( Start Time/ Heating/ Cooling Setpoints)** |  |  |  |  |  |  |  |  |  |
| **Monday: Period 2** |  |  |  |  |  |  |  |  |  |
| **Monday: Period 3** |  |  |  |  |  |  |  |  |  |
| **Monday: Period 4** |  |  |  |  |  |  |  |  |  |
| **Tuesday: Period 1** |  |  |  |  |  |  |  |  |  |
| **Tuesday: Period 2** |  |  |  |  |  |  |  |  |  |
| **Tuesday: Period 3** |  |  |  |  |  |  |  |  |  |
| **Tuesday: Period 4** |  |  |  |  |  |  |  |  |  |
| **Wednesday: Period 1** |  |  |  |  |  |  |  |  |  |
| **Wednesday: Period 2** |  |  |  |  |  |  |  |  |  |
| **Wednesday: Period 3** |  |  |  |  |  |  |  |  |  |
| **Wednesday: Period 4** |  |  |  |  |  |  |  |  |  |
| **Thursday: Period 1** |  |  |  |  |  |  |  |  |  |
| **Thursday: Period 2** |  |  |  |  |  |  |  |  |  |
| **Thursday: Period 3** |  |  |  |  |  |  |  |  |  |
| **Thursday: Period 4** |  |  |  |  |  |  |  |  |  |
| **Friday: Period 1** |  |  |  |  |  |  |  |  |  |
| **Friday: Period 2** |  |  |  |  |  |  |  |  |  |
| **Friday: Period 3** |  |  |  |  |  |  |  |  |  |
| **Friday: Period 4** |  |  |  |  |  |  |  |  |  |
| **Saturday: Period 1** |  |  |  |  |  |  |  |  |  |
| **Saturday: Period 2** |  |  |  |  |  |  |  |  |  |
| **Saturday: Period 3** |  |  |  |  |  |  |  |  |  |
| **Saturday: Period 4** |  |  |  |  |  |  |  |  |  |
| **Sunday: Period 1** |  |  |  |  |  |  |  |  |  |
| **Sunday: Period 2** |  |  |  |  |  |  |  |  |  |
| **Sunday: Period 3** |  |  |  |  |  |  |  |  |  |
| **Sunday: Period 4** |  |  |  |  |  |  |  |  |  |
| **Non-Programmable:** |  |  |  |  |  |  |  |  |  |
| **HVAC Equipment #:** |  |  |  |  |  |  |  |  |  |
| **Type of heating and cooling** |  |  |  |  |  |  |  |  |  |
| **Type of Thermostat:** |  |  |  |  |  |  |  |  |  |
| **Heating and cooling set points:** |  |  |  |  |  |  |  |  |  |

**Occupants Complaints**

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| **Room/Office Number** | **Complaint** |
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**Walk down Additional Mechanical area**

Inspect each pump and record the information indicated in the table.

**Pumps**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Pump Name/**  **Identifier** | **Pump Running? (Yes/No)** | **Pump Leaking? (Yes/No)**  **If yes, how badly?** | **Is pump hot (unable to hold hand on it)?**  **(Yes/No)** | **Unusual Vibrations?**  **(Yes/No)** | **Purpose of Pump (chilled water, hot water, condensate)** | **Kind of Pump Motor Control (constant speed or VFD)** | **For VFDs** | |
| **Running full speed or modulating?** | **Control overridden? (Yes/No)** |
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| **Pump Name/Identifier** | **Any insulation missing? (Y/N)** | **Is there a picture of the missing insulation? (Y/N)** | **Are there controls on the pumps? (Y/N)** | **Are the controls operational? (Y/N)** | **Are there any pipes that are leaking?** |
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**Water loops**

For each water loop, record, the temperatures in and out of the plant, the inlet and outlet pressures or the pressure difference (if available).

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| --- | --- | --- | --- | --- | --- | --- |
| **Water Loop** | **Temperature In (°F)** | **Temperature Out (°F)** | **Pressure In (psi)** | **Pressure Out (psi)** | **Pressure Difference (psi)** | **Are there controls and are they operational?** |
| **Chilled Water** |  |  |  |  |  |  |
| **Hot water** |  |  |  |  |  |  |
| **Condensate** |  |  |  |  |  |  |

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| **Pump Name/Identifier** | **Any insulation missing? (Y/N)** | **Is there a picture of the missing insulation? (Y/N)** | **Are there controls on the pumps? (Y/N)** | **Are the controls operational? (Y/N)** | **Are there any pipes that are leaking?** |
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**Chillers, Boilers and Cooling Towers**

For each chiller, boiler and cooling tower, record the information indicated in the table below. Copies second page of this table as necessary to provide space for all equipment.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Equipment Type**  **(chiller, boiler, cooling tower)** | **Equipment**  **Name** | **Status (running or not)** | **General Condition (poor, good, excellent)** | **System in automatic control or in hand**  **(auto or hand)** | **Current Load**  **(from control panel)[[1]](#footnote-1)** | **Valve Identity or Description** | **Status of Valves (fully open, part open, fully closed)** | **Valve position in system** | **Valve control (automatic or in hand)** |
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| --- | --- | --- | --- | --- | --- |
| **Equipment Name/Identifier** | **Any insulation missing? (Y/N)** | **Is there a picture of the missing insulation? (Y/N)** | **Are there controls on the pumps? (Y/N)** | **Are the controls operational? (Y/N)** | **Are there any pipes that are leaking?** |
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**Prescriptive Measures**

**Building Envelope**

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| **Envelope Issue/Problem/Opportunity Found** | **Action Taken or Change Made** |
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**Indoor conditions**

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| --- | --- |
| **Indoor Conditions/ Observations**  **Issue/Problem/Opportunity Found** | **Action Taken or Change Made** |
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**HVAC Equipment Distribution System**

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| **HVAC Equipment Distribution**  **Issue/Problem/Opportunity Found** | **Action Taken or Change Made** |
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**HVAC Equipment**

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| --- | --- |
| **HVAC Equipment**  **Issue/Problem/Opportunity Found Issue/Problem/Opportunity Found** | **Action Taken or Change Made** |
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**Lighting Measures**

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| **Lighting**  **Issue/Problem/Opportunity Found** | **Action Taken or Change Made** |
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**Other Equipment**

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| --- | --- |
| **Other Equipment**  **Issue/Problem/Opportunity Found** | **Action Taken or Change Made** |
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**Other Conditions/ Items**

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| --- | --- |
| **Other Conditions /Items**  **Issue/Problem/Opportunity Found** | **Action Taken or Change Made** |
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1. If load is not available, record the water temperature difference across the unit or the inlet and outlet water temperature for the unit. [↑](#footnote-ref-1)