

## **Facility Survey Sheet**



## **Primary Contact Information**

Contact Name:		Contact Email:				
General Building Information						
Facility Fo	otprint Square Feet:		_			
Number of Floor Levels:						
	of Exits from Facility: _					
Number of Rooms in Facility: Lighting Information						
Lu	minaire Type	Fixture size	Mfg.	Qty.		
Flu	orescent					
LE	D					
Inc	candescent					
Check All That Exist in your Facility. If selected please provide the manufacturer of the system and model number:  Addressable Fire Alarm System Mfg/Model no.  If Selected Addressable Fire Alarm System Please Answer the Following:  1. Number of Devices on Fire Alarm System:  2. Number of Zones on Fire Alarm System:  Gunfire Detection System Mfg/Model no.  Video Surveillance System Mfg/Model no.  Electronic Door Locking System Mfg/Model no.  Building Management System Mfg/Model no.  Other  If selected other please Describe:						
Network   Available Dedicated	ide Network connecti Managed by Facility p Network Capacity? (Y d Server Room Onsite selected No, please de	ersonnel? (Y/N): _ //N): ? (Y/N):		ted:		

Once Completed please email this form to <a href="mailto:info@vsenergy.us">info@vsenergy.us</a>.