The Recommissioning program is available to qualifying customers within our Utah service area. The goal of this program is to help you identify opportunities to improve the efficiency of major electrical systems and reduce energy costs without adversely affecting facility or system operations.

The Recommissioning program also offers cash incentives to buy-down implementation costs for identified and accepted measures to provide an estimated one-year simple payback. For complete information about program terms and conditions, please visit **rockymtnpower.net/recommissioning.** You can also contact the program administrator at **1-888-682-1234** or via e-mail, **recommissioning@rockymtnpower.net**.

Pre Application Checklist

Please confirm you meet the following minimum eligibility requirements before submitting an application to participate in the program:

- ☐ Are you a Rocky Mountain Power customer in Utah with electric service on rate schedule 6, 6A, 6B, 8, 9, 9A, 10, 21, 23 or 23B?
- ☐ Do you have a summer peak demand of 300 kW or greater?
- ☐ Are you willing to commit to spending $10,000 on the implementation of identified recommissioning measures with an estimated simple payback of 1 year or less?

If selected for participation in the program, can you accept the following responsibilities?

- ☐ Provide access to the facility and time for facility personnel to interface with the recommissioning service provider.
- ☐ Provide, and assist with the reporting and collection of, information pertaining to the recommissioning of the facility.
- ☐ Implement in a timely manner the mutually accepted recommissioning measures according to the scope and procedures outlined by Rocky Mountain Power.

Next Steps

If you answered yes to the above questions, please complete this application and submit it to Rocky Mountain Power for consideration. Please contact the Program Administrator to obtain a Microsoft® Word version of the application if necessary. In reviewing your application, Rocky Mountain Power will be looking for evidence that cost-effective recommissioning opportunities may exist at your facility. Rocky Mountain Power's decision regarding selection of program applicants the Recommissioning program will be final and binding for all parties.

Please submit your completed application to:

Rocky Mountain Power Recommissioning Program
1338 S. Foothill Drive, #269
Salt Lake City, UT 84108
Fax: (801) 485-4754
E-mail: recommissioning@rockymtnpower.net

Contact information

Facility name: _____

Facility owner name: _____

Facility address: _____

_____

Project contact name: _____

Project contact title: _____

Project contact phone: _____

Project contact fax: _____

Project contact email: _____

Property manager: _____

Property management firm: _____

Facility engineer: _____

Facility engineering firm: _____

Program referred to you by: _____

Facility information

Facility type (mark one):

____ Office	____ Industrial	____ Hospital
____ Grocery	____ Education	____ Warehouse
____ Retail	____ Lodging	____ Other

Year of construction: _____

Number of floors: _____

Total floor area (ft^2): _____

Total conditioned area (ft^2): _____

Percent currently occupied: _____

Facility account number(s): _____

(Rocky Mountain Power accounts) _____

_____

_____

Total energy use (kWh/yr): _____

Peak demand (kW): _____

Month of peak demand: _____

Facility general description

Outline the major facility space types, their scheduling, and typical occupant density (e.g. 10,000 ft^2, 24-hour computer center that is unoccupied).

Describe the major interior loads of the facility and identify any that dictate how the HVAC system is operated.

Briefly describe past energy efficiency projects or studies completed for the facility.

Describe any currently planned energy efficiency, renovation, or equipment replacement/upgrade projects for the facility.

Are there any scheduling issues that could affect the recommissioning work (e.g. major renovations or equipment replacements/upgrades)?

Facility staff

Please identify key individuals responsible for the operation of the facility and state how long they have held their current positions.

Please indicate the level of access and capability the chief facility engineer and/or staff to interact with the facility's energy management control system (select one):

_____ None
_____ Some (e.g. able to adjust set points and schedules)
_____ Full (e.g. able to modify control logic and trend facility data)

Indicate what training resources are available to the facility staff (check all that apply):

_____ None
_____ In-house
_____ Manufacturer or vendor courses
_____ Utility courses
_____ College/vocational schools
_____ Professional associations
_____ Other: _____

Describe the facility manager's and staff's receptiveness to and interest in improving the energy efficiency of the facility.

Summarize the amount of discretionary time the facility management staff will be able to devote to the Recommissioning process.

If accepted into the program, designate individuals that will act as a part of the owner's project team to assist in the Recommissioning process:

Building Chief Engineer:_____

Operations Manager:_____

Safety Manager:_____

Internal Controls Specialist:_____

External Controls Contractor:_____

Others:_____

Facility control systems

Identify the type and manufacturer of the facility's energy management control system (EMCS). If the facility does not have an automated control system, please indicate.

Is the EMCS capable of trending and storing data for numerous points simultaneously?

When is the EMCS likely to be replaced or receive a major upgrade?

What components of the facility are controlled with direct digital control (DDC) equipment?

What components of the facility are <u>controlled</u>, not just actuated, pneumatically?

Summarize any peak load shedding strategies currently being used.

Is the EMCS managed internally or through an external controls contractor? If managed externally, please provide the following:

Company Name: _____

Name (of the company specialist): _____

Phone Number (of the company specialist): _____

Email Address (of the company specialist): _____

Facility HVAC and lighting systems

Please complete the following table listing the facilities major HVAC and lighting system components. Add more rows as necessary.

Equipment	Type	Size	Age
Cooling equipment			
Chiller 1 (example)	Centrifugal	600 tons	15 years
Heating equipment			
Primary Hot water Pump P-1 (example)	Constant Speed	5HP	15 years
Air handling equipment			
AHU 1 (example)	VAV w/hot water reheat	25,000 CFM	5 years
Lighting systems			
Main office area (example)	32W T8s w/electronic ballasts	40% of occupied ft^2	4 years

Outline the current control strategies of the facility's HVAC and lighting systems.

Strategy	Description
Cooling Equipment	
What is the chilled water supply temperature set point?	
What is the condenser water set point? Is it reset?	
Describe the cooling equipment staging strategy	
What is the operating schedule of major cooling equipment?	
Describe the use of any air-side or water-side economizers	
Air Handling Equipment	
Does the HVAC system have an automatic shutdown?	
Is an optimum start/stop strategy used?	
Is the air distribution system VAV or CV?	
Are the VAV boxes Fan Powered?	
For VAV systems, what is the supply static pressure set point?	
For VAV systems, is a supply static pressure reset strategy used?	
Are VAV terminal units DDC controlled through a global controller?	
Do the VAV terminal units' DDC controllers have capability to be scheduled?	
Does the facility use a zone temperature setback/setup strategy?	
What is the supply air temperature set point during the summer?	
Is a supply air temperature reset strategy used?	
What type of reheat does the air distribution system have, if any?	
What is the heating energy source (e.g. gas, electric)?	
How is outdoor air intake controlled?	
What is the minimum outside air fraction setting?	
Is the system equipped with zone isolation devices for minimizing energy use in off-peak hours?	
Is there exhaust air heat recovery?	
Lighting systems	
Describe the lighting system controls and current scheduling	

What type of glazing is installed at the facility (e.g. single-pane tinted)?

Describe the age and availability of any as-built drawings and sequences of operation for the facility's HVAC system?

Summarize known problems or opportunities for improvement that currently exist related to the HVAC and lighting systems.

Describe any known opportunities for improved operation and maintenance procedures at the facility.

What is currently the most prominent issue related to operation of the HVAC and lighting systems, and how is it being managed?

What is the primary source of occupant complaints within the facility?

Facility compressed air, processing, and refrigeration system information

Complete this section only if applicable for the facility being submitted for consideration in the Recommissioning program.

What are your primary objectives in managing your systems (check all that apply)?

Compressed Air	Process	Refrigeration	Objective
			Maintain continuous operation
			Improved or increased production
			Control and/or reduce energy use and costs
			Reduce capital costs
			Meet process quality standards
			Improve safety
			Reduce equipment maintenance
			Other:

What management approaches and tools do you currently employ (check all that apply)?

Compressed Air	Process	Refrigeration	Resources
			Preventative diagnostic testing
			Short term monitoring
			Long term monitoring
			Leak detection and repair
			Tracking energy use/costs
			Improving control strategies
			Using life-cycle costing to select opportunities
			Other:

What are the top two barriers to more effective operation of your facility's systems?

Compressed Air	Process	Refrigeration	Barriers
			Not enough staff time
			Lack of budget for efficiency improvements
			Capital expenses are too high
			Paybacks are too long
			Primary focus is on production
			Lack of accountability for system energy costs
			Lack of information about opportunities
			Lack of in-house technical expertise
			Lack of training
			Management approval
			Other:

What influences you the most in terms of adopting new management tools or approaches (rank on a 1 to 10 scale, where 10 is high)?

Compressed Air	Process	Refrigeration	Influences
			Books
			Industry articles and professional publications
			Peers/Professional organizations
			Classes/continuing education
			Demonstrated success of others in the market
			Internal pilot program success
			Outside consultants
			Equipment vendors and manufacturer reps
			Other:

Compressed air systems

Complete this section only if applicable for the facility being submitted for consideration in the Recommissioning program

Please list all air compressors that are currently located at your facility (add more rows as necessary).

Compressor ID	HP	Average loading (% full capacity)	Status (Op/standby)	Age
CNP 75588-750 (example)	750	60-80%	Operational	15 years

Describe the compressed air system operating schedule at the facility.

Describe the staging of the air compressors (e.g. manual, automatic, always on, etc.).

Is there a management system or manual procedure in place to shut some compressors OFF sometimes? Note: If there is only one compressor and the system stays pressurized most of the time, it will not be shut down.

What type of capacity control do the compressors have (e.g. none, on/off, cylinder unloading, inlet valve, VFD, etc.)?

What percentage of the facility electric use is attributable to operation of the compressed air system?

Is there an energy recovery system in place to capture compressor waste heat?

Processing equipment

Complete this section only if applicable for the facility being submitted for consideration in the Recommissioning program:

Please list all major processing equipment currently located at your facility (add more rows as necessary).

Equipment Description/ID	HP or kW	Average loading (% full capacity)	Status (Op/standby)	Age
300 ton Servo Press – SP1 (example)	180 HP	50%	Operational	6 years

Describe processing schedule at the facility.

What percentage of the facility electric use is attributable to operation of processing equipment?

Refrigeration

Complete this section only if applicable for the facility being submitted for consideration in the Recommissioning program

Please list all major refrigeration equipment that is currently located at your facility (add more rows as necessary).

Unit description/ID	Absorption unit	Tons	Average loading (% full capacity)	Status (Op/standby)	Age
Walk in cooler – RS60A	No	60	60-80%	Operational	8 years

Describe the loads served by equipment identified above.

Describe the temperature and pressure set points for the identified refrigeration equipment.

Outline the sequencing of refrigeration equipment at the facility.

Is floating head pressure control utilized?

Describe defrost schedules/controls for refrigeration equipment at the facility.

What type of capacity control does the refrigeration equipment have (e.g. hot gas bypass, VFDs, etc.)?

What percentage of the facility electric use is attributable to operation of the refrigeration equipment?

Is there an energy recovery system in place to capture waste heat?

Customer acceptance of application terms

By signing below, I certify that:

- ☐ The information contained in this application is accurate and complete to the best of my knowledge, and will provide additional information if requested;
- ☐ I have read and understood the obligations of program participants, including the commitment of $10,000 to implement identified Recommissioning measures, and agree to a make a good faith effort to comply with all requirements if selected for participation in the program;
- ☐ Rocky Mountain Power may release historical account data to the program administrator for the facility under consideration.

(Signature of individual with authority to bind applicant to these terms required)

Signature: _____

Name (printed): _____

Title: _____

Date: _____

Submit completed applications to:

Rocky Mountain Power Recommissioning Program
1338 S. Foothill Drive, #269
Salt Lake City, UT 84108
Fax: (801) 485-4754
E-mail: recommissioning@rockymtnpower.net

Do the bright thing