

Substation Power Factor & Facility Questionnaire:

EMC

Name: _____

Title: _____

Company: _____

Address: _____

City: _____

Phone Number: _____

Your E-mail Address: _____

Send Completed Form to: **energymngt@aol.com**

Transformer S/N & kVA _____

Transformer Secondary Voltage: _____

Transformer Type: _____

Transformer Connections: _____

Transformer Impedance: _____

Transformer Year of Manufacturer _____

Transformer Location: _____

List A/C Motors Over 50 Hp: _____

List D/C Motors Over 10 Hp: _____

List Existing Power Factor Capacitors _____

List No. of Air Conditioners on Site: _____

List No. of Air Compressors on Site: _____

Provide Utility Invoices (June, July, August, September)

Provide Substation one-line if available

Provide Substation Transformer Protection if available

Date Questionnaire Completed _____