

Compressed-air system retrocommissioning (RCx) screening and application form



Project information

Company name _____ Company contact name _____

Company contact email _____ Company contact phone _____

Facility name _____

Facility address _____ City _____ State _____ Zip _____

Annual facility electric consumption _____ Annual hours of operation _____

Plant information

Business type/facility use

- Wood product manufacturing
 Grain mill products
 Other: _____
 Food service/manufacturing
 Paper mill
 General manufacturing
 Ethanol

Facility square footage _____

Compressed-air system information

#	Compressor Mfr./Model	Type (piston, rotary screw, centrifugal)	HP	Age	Compressor use (base, trim, both, other)	Operation hours (per day/weekend)
1						
2						
3						
4						
5						

(Attach additional documents if necessary.)
Date of last compressed-air system leak check:

Highest flow compressed air used in plant:

Pressure sensitive compressed-air users in plant:

Describe other system issues (such as condensation) and future plans:

What is the expected outcome of a compressed-air system analysis?