

Leased Facilities "Walk-Through Survey"

Lease # (SRL) _____

RCW 43.19.685

Lease covenants, conditions, and terms to be developed—Applicability.

The director shall develop lease covenants, conditions, and terms which:

- (1) Obligate the lessor to conduct or have conducted a walk-through survey of the leased premises;
- (2) Obligate the lessor to implement identified energy conservation maintenance and operating procedures upon completion of the walk-through survey; and
- (3) Obligate the lessor to undertake technical assistance studies and subsequent acquisition and installation of energy conservation measures if the director, in accordance with rules adopted by the department, determines that these studies and measures will both conserve energy and can be accomplished with a state funding contribution limited to the savings which would result in utility expenses during the term of the lease.

These lease covenants, conditions, and terms shall be incorporated into all specified new, renewed, and renegotiated leases executed on or after January 1, 1983. This section applies to all leases under which state occupancy is at least half of the facility space and includes an area greater than three thousand square feet.

[2011 1st sp.s. c 43 § 239; 1982 c 48 § 4; 1980 c 172 § 6.]

General Building Information

Lessor Name: _____ Date: _____

Facility/Agency Name: _____

Address: _____

Is building in Energy Star Portfolio Manager? Yes No Energy Star Score _____

Will you enroll this building in the in Energy Star Portfolio Manager? Yes No When? _____

Total # Floors: _____ Number of Floors for this lease: _____

Building Area (in Rentable Square Feet per BOMA)

Total building area: _____ S.F.

Area of building leased to State Agency for this lease: _____ S.F.

Overall Area of building leased to State Agencies: _____ S.F.

Total percentage of building area under lease to State Agencies: _____ %

Site Features

Mature trees and/or shrubbery for shading, wind breaks, or earth sheltering: Yes No

Drought-resistant/native plants? Yes No

Reclaimed water irrigation? Yes No

Site Lighting? LED Metal Halide High/Low pressure Sodium CFL Other: _____

Controls: Time Clock Photo Cell Motion Sensor Bi-Level with Motion Sensor

Does building have a Parking Garage? Yes No If yes, is it separately metered? Yes No

Are there EEV charging stations on site? Yes No If yes, how many? _____

If no, is there infrastructure in place for future chargers? Yes No _____

Other Exterior/Landscape Conservation Features:

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Building Envelope

OPENINGS

Door/Window General Conditions: Good Fair Poor

Window seals/glazing: Intact Repair/Replace

Locations:

Are windows operable? Yes No Some Type: _____

Do windows have reflective coating? Yes No Some Type: _____

Do windows have blinds/shades? Yes No Some Type: _____

Exterior shading devices? Yes No Some Type: _____

Condition of exterior door weatherstripping, bottoms, closers and sweeps:

Location/Item _____ Repair/Replace

Location/Item _____ Repair/Replace

Location/Item _____ Repair/Replace

Location/Item _____ Repair/Replace

Is there a vestibule at the main entrance? Yes No

Do doors open consecutively? Yes No

INSULATION

To the best of your knowledge, provide the following information:

Type of Insulation: Walls: _____ R-Value ____ Roof _____ R-Value ____

Slab/Floor: _____ R-Value ____ Other _____ R-Value ____

Heating and Cooling pipes insulated? Yes No Some

Building Envelope Comments:

Building Interior

CEILINGS

Types: ACT GWB None Other: _____

Are ceiling tiles in place? Yes No If removed, why: _____

Do ceilings show evidence of leaks? Locations/Comments:

Building Systems

LIGHTING/POWER

Interior Lighting Type: Compact fluorescent T12 T8 T5 HID LED

Exterior Lighting Type: Compact fluorescent T12 T8 T5 HID LED

Occupancy Sensors Locations: _____

Manual Light Switches Locations: _____

Bi-level switching Locations: _____

Interior Auto shut-off Locations: _____

Interior auto-dimming Locations: _____

Plug load master control Locations: _____

Energy Star Products Type/Locations: _____

Breakers trip under normal use: Yes No Locations: _____

Other Lighting/Controls/Power issues: _____

HEATING, VENTILATING & AIR CONDITIONING

Heating & Ventilating Equipment Type:

Boiler Electric Resistance Heat Pump Packaged Rooftop Unit Split System

Other: _____

Fuel Type: Electricity Natural Gas Geothermal Solar

Other: _____

Heat Recovery System: Yes No

Economizer Function: Yes No

Perimeter Baseboard Heat: Yes No

Space Heaters: Yes No

Above Ceiling Fan Coil Units: Yes No

Heat Pumps: Yes No

Return Air Grills in each space: Yes No R/A Type: Ducted Plenum

Air Conditioning Equipment: Yes No Capacity Rating in Tons _____

Type: Chiller Cooling Tower DX Cooling Window Units None

Does the leased facility contain a Data Center or "LAN" Room? Yes No Approx. SF: _____

How is the data center conditioned? Central HVAC System Mini-Split System Exhaust Fan

Environmental Controls:

Energy Management System/DDC Controls: Yes No Managed by: _____

If tenant, is training provided? Yes No

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Are thermostats programmable with lockout capability? Yes No

Thermostat Settings: _____ °F (heating) _____ °F (cooling)

Does the leased space have automated window shades connected to the EMS? Yes No

System Performance:

Occupants experience drafts/fan noise during heating/cooling: Yes No

Describe: _____

Any areas or offices unusually hot or cold: Yes No

Describe: _____

Any noticeable rapid cycling in heating or cooling: Yes No

Describe: _____

Occupant complaints of inadequate heating or cooling: Yes No

Describe: _____

Frequency of Service Calls (per month or year): _____

System Maintenance Schedule:

Filter Replacement: Yes No Period: _____

Burners: Yes No Period: _____

Coils: Yes No Period: _____

Condensers: Yes No Period: _____

DOMESTIC HOT WATER HEATER

Type: Tank Tank-less Heat-pump Temperature Setting: _____

Fuel Source: Electric Natural Gas Other: _____

NOTES/COMMENTS:

CERTIFICATION BY LESSOR: I hereby certify that the information contained herein is accurate and complete to the best of my knowledge.

SIGNATURE _____

DATE: _____