



Restaurant Operations Survey Report

Restaurant Name:		Date:	
Address:			
Phone Number:			
Restaurant Managers/Employees		Renergi Representative	

* Denotes manager interviewed

Objective:

Identify the operational and energy management methods used at the restaurant, for the development of a Renergi Energy & Maintenance Management Program.

Note:

1. Please provide restaurant Blue Prints and Utility Bills (12 months minimum) for this location, if requested.
2. Please provide any sample bulbs of high intensity lights used at the restaurant.

Information:

The following are the operational steps taken by the restaurant's personnel from the start of the day at until closing.

Step by step operational information:

- ◆ Time of first person at restaurant (Days of the week)

- ◆ Time last person leaves restaurant(Days of the week)

- ◆ Restaurant hours of operation.

Day	Open	Close	Day	Open	Close	Day	Open	Close
Mon.			Thurs.			Sun.		
Tues.			Fri.					
Weds.			Sat.					

Start up procedures: (sequence of everything turned on and off – lighting & equipment).

List the time and step by step sequence of everything that is turned on and off from start of day, until the last person leaves. Include information from all areas inside and outside the restaurant.

What is your start up sequence?

What does the first person in do in sequence prior to Kitchen Equipment?

Step #	Time	Action
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

What does the first person in do in sequence with the Kitchen Equipment?

Equip. Type & #?	Use?	Prep. Equip?	Production?	Both?
Time turned on?	Heat up time	Start to use?	No longer need?	Time turned off?

Equip. Type & #?	Use?	Prep. Equip?	Production?	Both?
Time turned on?	Heat up time	Start to use?	No longer need?	Time turned off?

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Equip. Type & #?	Use?	Prep. Equip?	Production?	Both?
Time turned on?	Heat up time	Start to use?	No longer need?	Time turned off?

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Time turned on?	Heat up time	Start to use?	No longer need?	Time turned off?

Equip. Type & #?	Use?	Prep. Equip?	Production?	Both?
Time turned on?	Heat up time	Start to use?	No longer need?	Time turned off?

Please list any equipment (hot or cold) that can never be turned off:

Equipment Name	Reason

Restaurant closing procedures: (sequence of everything turned on or off – except kitchen equipment). Note anything that is left on and why.

What does the last person in do in sequence prior to leaving restaurant, not including Kitchen Equipment?

Step #	Time	Action
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Other information like HVAC, irrigation, equipment not listed:

Lighting List: List the number and types of lighting at this location:

Outside Restaurant

Exterior & Parking Lot	#	Type
Outside pole lights:		
Outside building lights:		
Outside ground lights		
Outside primary sign lights:		
Outside menu boards:		
Outside ordering station:		
Outside pick up station:		
Outside emergency lights		
Other lights?		

Lighting Inside Restaurant

Dinning Room:	#	Type (recessed, hanging, type bulbs)
Florescent lighting:		
Incandescent:		
LED:		
CFL:		
High Intensity Lighting		
Other		

Bathrooms (each)	#	Type (recessed, hanging, type bulbs)
Florescent lighting:		
Incandescent:		
LED:		
CFL:		
High Intensity Lighting		
Other		

Beverage / Counter Area	#	Type (recessed, hanging, type bulbs)
Florescent lighting:		
Incandescent:		
LED:		
CFL:		
High Intensity Lighting		
Other		

Sales / POS Area	#	Type (recessed, hanging, type bulbs)
Florescent lighting:		
Incandescent:		
LED:		
CFL:		
High Intensity Lighting		
Other		

Prep Area	#	Type (recessed, hanging, type bulbs)
Florescent lighting:		
Incandescent:		
LED:		
CFL:		
High Intensity Lighting		
Other		

Breakfast area	#	Type (recessed, hanging, type bulbs)
Florescent lighting:		
Incandescent:		
LED:		
CFL:		
High Intensity Lighting		
Other		

Drive Thru Area	#	Type (recessed, hanging, type bulbs)
Florescent lighting:		
Incandescent:		
LED:		
CFL:		
High Intensity Lighting		
Other		

Back Room Area	#	Type (recessed, hanging, type bulbs)
Florescent lighting:		
Incandescent:		
LED:		
CFL:		
High Intensity Lighting		
Other		

Managers Office		Comments
Lighting, # & type		
Can you control on/off of lights & equipment from your office?	Yes - No	
How do you handle maintenance issues?	Yes - No	Computerized work orders
		Call District/Regional Mgr.
		Phone home office
		Contact maintenance man
Maintenance Information		Comments
# Maintenance calls per month.		
Could maintenance service be improved?	Yes - No	

Electrical / Control Panel	Yes - No	Manufacturer / Comment
Electrical Panel	-----	
Override capability?		
Energy Management Controller?		
Programmable?		
Remote control capability?		
Monitoring provided?		

Notes:

Interested in access control, inventory control, security, enterprise benefits?