The University of Wisconsin-Milwaukee Industrial Assessment Center, funded by Department of Energy, Focus on Energy and University of Wisconsin Milwaukee, is dedicated to supporting Wisconsin small and medium-sized manufacturing facilities to:

* Improve energy efficiency (cut energy bill)
* Reduce solid wastes (cut waste management cost)
* Increase manufacturing productivity (increase profit and competitiveness).

The UWM Industrial Assessment Center, directed by five professors in Mechanical and Materials Engineering, is offering the following beneficial services through their combined technical expertise and professional experience:

* No cost onsite assessment and advising (cost covered by DOE)
* In-depth technical support from manufacturing process perspectives
* Detailed data and analysis results for decision support
* The assessment and support can be conducted proprietarily, if requested.

The UWM assessment is a **level II technical assessment** which are conducted through on-site data collection using advanced instruments and technical analysis with the UWM faculty’s expertise from their research and educational background.

Please fill out the attached three-page info form, and return to:

**Ryo Amano, Ph.D.**

Director, Industrial Assessment Center

Department of Mechanical Engineering

University of Wisconsin, Milwaukee

3200 N. Cramer St, EMS 775

Milwaukee, WI 53211

Tel: (414) 229-2345

Fax: (414) 229-6958

Email: [amano@uwm.edu](mailto:amano@uwm.edu)

**Company Information:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Company Name: |  | | | | | |
| Company Address: |  | | | | | |
| City: |  | | State: |  | Zip: |  |
| Is this the location of Company headquarters? |  | If “no” please list address of HQ |  | | | |

**CEO/Senior Decision Maker:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Title: |  | | |
| Phone: |  | Email: |  |

**Internal Sustainability Contact:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Title: |  | | |
| Phone: |  | Email: |  |

**IT Network / Cyber Security Contact:**

Please fill in this contact information if you’re interested in adding a Cyber Security assessment to the final report.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Title: |  | | |
| Phone: |  | Email: |  |

**Process description:**

**Please briefly describe the process. Providing flowcharts/diagrams is highly encouraged**

**Product & Process Information:**

|  |  |  |
| --- | --- | --- |
| Project Facility (if different from above): | |  |
| Address (if different from above): |  | |
| Primary NAICS Code: | |  |
| Primary SIC Code: | |  |
| Annual Sales ($): | |  |
| Number of employees at this site: | |  |
| Plant Area (sq. Ft): | |  |
| Principle Product: | |  |
| Annual Production:  (pieces, pounds or tons; please specify) | |  |
| Number/Length of shifts: | |  |
| Annual Production Hours: | |  |
| Total Motor Horsepower Capacity:  (an estimate is acceptable) | |  |
| Largest Motor Horsepower: | |  |
| Steam Capacity (LBM/hr): | |  |
| Max Steam Pressure (PSIG) | |  |
| Air Compressor Horsepower: | |  |
| Max Compressed Air Pressure (PSIG) | |  |
| \* Put NA if not applicable | | |

**Energy & Environmental Information:**

|  |  |
| --- | --- |
| What do you estimate as your top five energy-consuming activities or equipment areas? |  |

(e.g. boilers, process heaters, compressors, HVAC, motors, chillers, furnaces, lights, transportation, etc.)

**Electricity and Gas**

|  |  |  |
| --- | --- | --- |
| Electricity Supplier: |  | |
| Annual Consumption (kWh/year): | |  |
| Annual Demand (kW/year): | |  |
| Annual Cost ($/year): | |  |

|  |  |
| --- | --- |
| Natural Gas Supplier: |  |
| Annual Consumption (therms/year): |  |
| Annual Cost ($/year): |  |

**Other Fuels:**

|  |  |  |  |
| --- | --- | --- | --- |
| Propane (Gallons/year): |  | Cost: |  |
| Fuel Oil (Gallons/year): |  | Cost: |  |
| Coal (MMBtu/year): |  | Cost: |  |
| Other fuels (if used): |  | Cost: |  |
| \*Put NA if not applicable | | | |

**Water**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you use water in your manufacturing process? | Yes: |  | No: |  |
| Annual Water Consumption: (Gals/yr) |  | | | |
| Annual Water and Sewer Cost ($): |  | | | |
| Do you treat process/waste water? | Yes: |  | No: |  |

**Safety Requirements:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Steel toed shoes: | Yes |  | No |  |
| Eye Protection: | Yes |  | No |  |
| Hearing Protection: | Yes |  | No |  |
| Hard Hat | Yes |  | No |  |
| Any respiratory irritants: | Yes |  | No |  |
| Other Safety Requirements: |  | | | |

**Waste**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Does your process involve the use of specially traced or licensed chemicals or materials? | | Yes: |  | No: |  |
| Does your process create waste requiring costly or mandated disposal methods? | | Yes: |  | No: |  |
| **Waste** | **Type of Waste and Annual Disposal Amount** | | | **Annual Disposal Cost** | |
| Other Liquid Waste: (non-hazardous) |  | | |  | |
| Other Liquid Waste:  (hazardous) |  | | |  | |
| Solid Waste:  (non-hazardous) |  | | |  | |
| Solid Waste:  (hazardous) |  | | |  | |
| Gaseous Waste: |  | | |  | |

**Transportation Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Estimated Annual Freight Cost: | | | | |  | | | | | | | |
| Primary Mode(s): | Small Parcel: |  | LTL: |  | Truck-load: |  | Intern-ational: | |  | Private Fleet: | |  |
| Do you receive paper invoices? | | | | | | | Yes: |  | | No: |  | |
| Do you pay freight invoices internally? | | | | | | | Yes: |  | | No: |  | |
| Do you use shipping management technology for carrier selection decisions? | | | | | | | Yes: |  | | No: |  | |
| Do you employ a continuous improvement process to logistics activities? | | | | | | | Yes: |  | | No: |  | |

**Environmental & Energy Management Systems:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you use any management systems (Environmental ISO 14000 or energy ISO 50001 )? | Yes: |  | No: |  |
| If “yes” please list: |  | | | |

**How did you hear about us?** -------------------------------------------------------------------------------------

**Company Signature:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | Signature: |  | Date: |  |

