SIGNATURE _____

TYPE OF FUEL _____

NEW YORK CITY DEPARTMENT OF EDUCATION
DIVISON OF SCHOOL FACILITIES
MONTHLY OPERATION REPORT
APPENDIX E

SCHOOL _____ BORO _____

MONTH OF _____ 20 _____

DATE	DAY OF THE WEEK	8 A.M. TEMP. OUTSDIE	DEGREE DAYS	HOURS OF OPERATION BOILER NUMBERS						TOTAL HOURS BOILER OPER.	TIME FIRE STARTED		TIME FIRE BANKED		FUEL CONSUMED OIL - GAL. - STREET STEAM - LBS.			HOURS OF BLOWER OPERATION							HOURS OF EXHAUSTER OPERATION				UTILITES PEAK LOAD _____ K.W.				TIME OF OCCUPANCY FROM TO
				1	2	3	4	5	6		DAY	NGT.	DAY	NGT.	BEFORE 3 P.M.	AFTER 3 P.M.	TOTAL	AUD	GYM	CAFÉ	MULTI PURPOSE	OTHER	RTU	CENTRAL AC	AUD	GYM	MULTI PURPOSE	TOILET	GAS CU. FT.	LIGHT K.W.H.	POWER K.W.H.	WATER CU. FT.	
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TOTALS											X	X	X	X																			X X X X

FORM - PO 7-10M_A Revised 05-18-2010_Appendix E