FOR USE WITH THE GREENHEALTH COST OF OWNERSHIP (GCO) CALCULATOR

If the product/ category listed below needs energy, fuel or water to function, or if it creates waste at the end-of-use, there are costs associated with this product to our organization.

This template is provided to capture product use data specific to the product listed below. The data will be used in the ***Greenhealth Cost of Ownership (GCO) Calculator*** to better inform our decisions in procurement to assess the true product costs to our organization.

Thank you for helping us identify cost saving opportunities by providing the product use data in the gray-shaded cells, which we can then combine with the information from the [Facility Costs Data Template](https://practicegreenhealth.org/sites/default/files/upload-files/facility_costs_data_template.docx) to use the GCO Calculator.

PRODUCT INFORMATION:

|  |  |
| --- | --- |
| Product Category/Description: |  |
| Other Information: |  |
| Manufacture(s): |  |

INFORMATION REQUESTED BY:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Facility Name: |  |  | Requestor Name: |  |
| Street Address: |  | | | |
| City/State: |  |  |  |  |
| Contact Email: |  |  | Office #: |  |
| Date: |  |  | Cell #: |  |

**Instructions**: Please complete the gray-shaded areas of this template.

### ELECTRICITY USE

If the product uses energy (plugs in or has a battery), complete the following (if the annual costs from electricity use associated with the product is not available).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PRODUCT OPERATIONAL INFORMATION** | **UNIT OF MEASURE** | **NOTES** | **ELECTRICITY USE** | | | |
|  | | | **PRODUCT/ SCENARIOS** | | | |
| **A:** | **B:** | **C:** | **D:** |
| Product: Annual operating hours | Hours/year | *Example: 1095 hours/year (3 hours/day x 365 days/year = 1095 hours/year)*  *Possible sources: From supplier or user; anticipated product operating hours* |  |  |  |  |
| Product: Product Power | Watts | Example: 125 watts *Possible sources: From product literature or supplier* |  |  |  |  |

### FUEL USE

If the product uses fuel (for example natural gas, diesel or gasoline), complete the following (if the annual cost from fuel use associated with the product is not available).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PRODUCT OPERATIONAL INFORMATION** | **UNIT OF MEASURE** | **NOTES** | **FUEL USE** | | | |
|  | | | **PRODUCT/ SCENARIOS** | | | |
| **A:** | **B:** | **C:** | **D:** |
| Product: Annual operating hours | Hours/year | *Example: 365 hours/year*  *Possible sources: From supplier or user; anticipated product operating hours* |  |  |  |  |
| Product: Fuel type | Select fuel type: Natural gas, Diesel, Gasoline | Example: Natural gas *Possible sources: From product literature or supplier* |  |  |  |  |
| Product: Fuel use per hour | Gallon/hour | Example: 100 gallons/hourPossible sources: From supplier or product literature |  |  |  |  |

### WATER USE

If the product uses water to function or generates wastewater, complete the following (if the annual cost from water use associated with the product is not available).

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PRODUCT OPERATIONAL INFORMATION** | **UNIT OF MEASURE** | **NOTES** | | **WATER USE** | | | |
|  | | | | **PRODUCT/ SCENARIOS** | | | |
| **A:** | **B:** | **C:** | **D:** |
| Product: Annual operating hours | Hours/year | | *Example: 365 hours/year*  *Possible sources: From supplier or user; anticipated product operating hours* |  |  |  |  |
| Product: In-coming water use per hour | Gallons/hour | | *Example: 100 gallons/hour*  *Possible sources: From supplier or product literature* |  |  |  |  |

### WASTE GENERATION

If the product is disposed as waste at the end of its lifespan, please fill the table below. For description of waste types, please refer to “[Defining Waste and Material Streams](https://practicegreenhealth.org/topics/waste/waste-categories-types).”

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **PRODUCT DISPOSAL INFORMATION** | **UNIT OF MEASURE** | **NOTES** | | **WASTE GENERATION** | | | |
|  | | | | **PRODUCT/ SCENARIOS** | | | |
| **A:** | **B:** | **C:** | **D:** |
| Product: Type of waste | Select waste type: Solid waste, recycling, regulated medical waste, hazardous waste, non-RCRA pharmaceutical, RCRA pharmaceutical, composting, universal waste (cost, revenue or unknown. | | *Example: Regulated Medical Waste*  *Possible sources: From user* |  |  |  |  |
| Product: Weight sent to disposal | lb | | *Example: 0.5 lb*  *Possible sources: From user* |  |  |  |  |