



REQUEST FOR LIGHTING ANALYSIS & ENGINEERING SUPPORT

REFERENCE # (FOR OFFICE USE)

FAX: 505-998-4947

REQUESTED BY:

DATE:

AGENCY:

TEL:

FAX:

SPECIFIER: (ARCHITECT, ENGINEER, ETC.)

PROJECT NAME:

PROJECT LOCATION: (CITY, STATE)

AREA SPECIFICATIONS PLEASE ENCLOSE DETAILED & DIMENSIONED DRAWINGS: INCLUDE ELEVATIONS, PLANS, SLOPED CEILING SECTIONS, COVE & SOFFIT DETAILS, AND/OR DXF, DWG FILES, AND SHOW LUMINAIRE MOUNTING LOCATIONS.

ROOM DIMENSIONS: LENGTH: WIDTH: HEIGHT:

CEILING TYPE: FLAT SLOPED PITCHED PYRAMID VAULTED CURVED OTHER

SPECIFY:

LUMINAIRE MOUNTING HEIGHT AFF: LUMINAIRE SPACING: # OF LUM.

ROOM REFLECTANCES: CEILING: WALLS: FLOOR:

PARTITIONS: HEIGHT: REFLECTANCE:

LUMINAIRE SPECIFICATIONS:

LUMINAIRE CATALOG NO.(S)/ DESCRIPTION:

LAMP TYPE/ LUMENS (INITIAL) TOTAL LUMINAIRE LLF:

LUMINAIRE ORIENTATION: INDIRECT DIRECT WALLWASH TILTED

ANGLE: OTHER: SPECIFY:

REQUIREMENTS:

DESIRED ILLUMINANCE LEVELS: AVERAGE FC @ PLANE FT. AFF, MAX/ MIN

AVERAGE FC @ CEILING/ WALL(CIRCLE ONE), MAX/ MIN

DESIRED UNIFORMITY: AVERAGE/ MIN @ PLANE FT. AFF; AVG/ MIN @ CEILING/ WALL

REQUESTED SERVICES: RECOMMENDED LUMINAIRE RECOMMENDED LAYOUT

RUSH JOB DATE NEEDED BY:

ILLUMINATION ANALYSIS (SPECIFY ALL THAT APPLY) 0' AFF 2'-6" AFF 3' AFF CEILING WALL

OTHER SPECIFY: