



505 3rd Ave West, Suite 101 Seattle, WA 98119 Phone: 206-767-7722 Fax: 206-762-4518

Request for Interior Lighting Analysis

Requested by: _____

Firm Name: _____

Phone: _____ Fax: _____ E-mail: _____

Project Name and Location: _____

Required Room Information:

Room Dimensions: Length: _____ Width: _____ Height: _____

Ceiling Configuration: Flat Sloped Pitched Pyramid
 Vaulted Curved Other (specify) _____

Room Reflectances: Ceiling _____ Walls _____ Floors _____

Partitions: Height _____ Reflectances: _____

Luminaire(s):

Luminaire Type and Description: _____

Fixture Mounting Height: _____ Fixture Spacing: _____ Quantity of Fixtures: _____

Lamp Type and Wattage: _____ Light Loss Factor: _____

Fixture Orientation: Indirect Direct Wall Wash Tilted:
 Aimed Other: _____

Requirements:

Requested Illuminance Level:

Horizontal: Average _____ footcandles at _____ AFF.

Wall / Ceiling: Average _____ footcandles

Levels are (check one): Minimum Maximum Average

Desired Uniformity: Calculation Plane: _____ Wall: _____ Ceiling: _____

Date Required: _____ Special Notes: _____

Please attach any reflected ceiling plans and pertinent elevations.