



Insert Company Logo

Facility Lighting Survey

Facility Name:		Name of Project:	
Contact:		Firm or Estimate:	
Address:		Date Requested:	
City:		Budgeted:	
State:		Turn-Key by KMH:	
Zip Code:		Formal Engineering Study:	
Phone:		Drawings Available:	
Email:		Notes:	

# of High-Bay Lighting Fixtures:		Foot Candle Levels	
Square Footage of Facility:		Foot Candle Levels	
Ceiling Clear Height:			

Jan Electric Bill Amount:	
Jan kWh Used (from bill):	
Aug Electric Bill Amount:	
Aug kWh Used (from bill):	



Energy Efficient Lighting

If specific months requested are not available, please provide 2 months of data, specifying actual months. Preference is to get 12 months of electric bills scanned.

Type of High-Bay Lighting Fixtures (check all that apply & indicate qty breakdown)

Metal Halide:		<input type="checkbox"/> 400-Watt?	<input type="checkbox"/> 1000-Watt?	Other Wattage:	
High Pressure Sodium (orange):		<input type="checkbox"/> 400-Watt?	<input type="checkbox"/> 1000-Watt?	Other Wattage:	
8'T12 Fluorescent Strip Fixtures:		<input type="checkbox"/> 6-Lamp?	<input type="checkbox"/> 8-Lamp?	Other Config:	
4'T8 High-output Fluorescent:		<input type="checkbox"/> 4-Lamp?	<input type="checkbox"/> 6-Lamp?	Other Config:	
4'T5 High-output Fluorescent:					
Other (please specify):					

Type of Electrical Connection

Twistlock Plug:		<input type="checkbox"/> 20-Amp?	<input type="checkbox"/> 15-Amp?	Other:	
Re-Lock:					
Hardwired:		<input type="checkbox"/> Cord into J-box	<input type="checkbox"/> Rigid Conduit	Other:	
Other (please specify):					
Lighting System Voltage:					



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Additional Considerations (check all that apply)

- Food Grade (requires shatter shield lamps)
- Freezer / Refrigerator
- Air Conditioned
- Sports Facility (requires wire guards lamp protection)
- Other

Notes: