

Lighting Audit Form

Date:

Building Name	
Building Address	
Company Name:	
Site Contact:	
Phone & Email:	
Name of Utility:	

DESCRIPTION AND PHOTO FOR EACH LAMP, FIXTURE TYPE

#	Location Stairwell, hallway, meeting room, lobby, offices name or #, exterior, etc.)	Existing Fixture			Existing Lamp				
		Qty	Description of Fixture (4' linear, wall pack, high bay UFO, flood, etc.	Approx. hrs lighting per week	T8 2x4, MH, 4- pin PL, CFL, MR16, A19, PAR, etc.	Color 3000k, 3500k 4000k, 5000k	Lamp Watts	# Lamps per Fixture	Lamp Total
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Return completed form to sid@LEDpartnership.com. Call 424-289-0316, or cell at 424-228-4383.