

Commercial Lighting Assessment Summary



Business name		Site operation hours		
Contact name		Weeks per year	Days per week	Hours per day
Site address				
		Electricity tariff		Please attach copy of a recent electricity bill

Area	Pre-upgrade lighting type	Watts	Type of control gear (ballast/ transformer)	Cut-out size (mm)	Ceiling height (m)	Total fittings	Total lamps	Control systems (dimmers, sensors)	Air con	Area operation hours			Notes
										Hrs/Day	Days/wk	Wks/Year	
Eg Office area	T8 Fluorescent	36	Magnetic (no marking)	90mm/70mm	8m	50	100	None	Y/N	9 hrs	5 days	50wks	

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