



## CALCULATIONS REQUEST

Please provide the following information and return to your FLEX contact.

(Highlighted fields are required at a minimum)

Room Dimensions <sup>1, 2</sup>	
Length	
Width	
Ceiling Height	
Work Plane	

Existing Fixture (if applicable)	
Fixture Type	
Lamp Type	
Lamp Qty	
Lamp Wattage	

What color is ceiling/wall/floor (Reflectances)? <sup>3</sup>	
Ceiling	
Walls	
Floor	

Fixture Mounting	
Mounting Height	
Spacing (if known)	
Rack Height	

Space Use	
Application Type? Tasks in Space?	
Goal Illumination (if known) <sup>4</sup> ?	
Existing Light Levels (if known)	
Can the fixture spacing be changed?	
Is this a wet, dry or damp location?	
Is space conditioned? Ambient Temp?	

Other Useful Information	
Sequence of Operation - occ sensors, etc?	
Site Operating Hours:	
Target or Max energy consumption goal:	
Large Equipment that would obstruct light?	
Color Temp Desired:	
Special Considerations:	

### Notes:

1. Note unit of measure (feet or meters).
2. Please provide a .pdf sketch or AutoCAD Plan (.dwg file preferred).
3. If possible, provide photograph of space.
4. If unknown, recommended practices from Illuminating Engineering Society (IES) will be used.