

IPP Commercial Fixture Solutions Lighting Layout Form (One form per room)

Project Name/Description: _____ **Room:** _____

Step 1 Room function (check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Video conferencing | <input type="checkbox"/> General office | <input type="checkbox"/> Warehouse |
| <input type="checkbox"/> Conference room | <input type="checkbox"/> Telepresence | <input type="checkbox"/> Primary-use: _____ |
| <input type="checkbox"/> Training/classroom | <input type="checkbox"/> Auditorium | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Gymnasium | <input type="checkbox"/> Distance learning | _____ |

Step 2 Room dimensions

Length _____ Ceiling height(s) _____
Width _____ Partitions* _____

Step 3 Existing lighting

- | | | |
|---|---|---|
| <input type="checkbox"/> Fixture 1*: _____
Quantity: _____
Size: _____
of Lamps/Wattage: _____ | <input type="checkbox"/> Fixture 2*: _____
Quantity: _____
Size: _____
of Lamps/Wattage: _____ | <input type="checkbox"/> Fixture 3*: _____
Quantity: _____
Size: _____
of Lamps/Wattage: _____ |
|---|---|---|

Step 4 New lighting preferences (if applicable)

- | | | |
|--|--|--|
| <input type="checkbox"/> Fixture 1*: _____
Size: _____
of Lamps/Wattage: _____
Target light level: _____
Replacement fixture # (Step 3): _____ | <input type="checkbox"/> Fixture 2*: _____
Size: _____
of Lamps/Wattage: _____
Target light level: _____
Replacement fixture # (Step 3): _____ | <input type="checkbox"/> Fixture 3*: _____
Size: _____
of Lamps/Wattage: _____
Target light level: _____
Replacement fixture # (Step 3): _____ |
|--|--|--|

Step 5 Ceiling details (check all that apply)

Sheetrock (gypsum): ☐ New or ☐ Existing ☐ Sprinkler/fire detectors* ☐ HVAC vents*
T-bar: ☐ New or ☐ Existing ☐ Speakers* ☐ Microphone*

Step 6 Wall information

Wall material: _____ Number of doors*: _____
Wall color/finish: _____ Number of windows*: _____
Wall decor (i.e. art)*: _____ Number of wall decor items*: _____

Step 7 Furniture (check all that apply)

- ☐ Table* ☐ Seating* ☐ Podium/lectern* ☐ Other: _____

Step 8 Equipment types (check all that apply)

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Projector screen – front* | Display monitor type* | <input type="checkbox"/> Projector* |
| <input type="checkbox"/> Projector screen – rear* | <input type="checkbox"/> LCD <input type="checkbox"/> Plasma <input type="checkbox"/> LED | <input type="checkbox"/> White board* |

Step 9 Controls

List existing controls*: _____ List new controls to be installed*: _____

Step 10 Additional lighting requirements

List any additional information required (i.e. energy savings): _____

A blank grid paper with a compass rose in the top right corner. The compass rose shows North (N), South (S), East (E), and West (W). The grid is 20 squares wide and 20 squares high.

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