



Light Planning Questionnaire

Project number:	
Project name	
Representative:	
Customer:	
Contact person:	
Telephone number for questions:	

Address:	
City:	
Postal code:	
E-Mail address:	

Length of room (A):	
Width of room (W):	
Height of room (H):	
Other room shapes (CAD data (DXF) or sketch):	
Colour/description of walls:	
Colour/description of floor:	
Colour/description of ceiling: (or type of reflectivity)	

E (min.) on evaluation level:	
Evaluation level (nominal 85 cm):	
Suspended lights:	
Suspended length (height of light spot):	
Ceiling installation:	
Light colour (Kelvin):	
Guidelines for minimum light intensity: (e.g. professional association)	
Maintenance factor (nominal 08)	

On site meeting/consulting:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Particular information:	
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