

RETROFIT ASSESSMENT FORM

960 NORTH SHORE DRIVE, LAKE BLUFF, IL 60044

PH: 847-735-8330

FAX: 847-735-8004

Project Name:						Date:		
Project Address:				City/Prov:			Zip Code:	
Project Contact :					Title:			
Existing Fixture Information	(PLEASE CHECK APPLICABLE / FILL IN OTHER DATA)							
Fixture Configuration:	40)	P	\blacklozenge		8			
	High Bay/ Low Bay	Street Light	Acorn/ Decor	Wall Pack	Parking Garage	Parking Lot	Flood	Surface Mount
Fixture Type:	Acrylic	Metal	Acrylic / Metal	Glass	Other:			
Fixture Color:	Clear	White	Black	Silver	Brown	Other:		
Fixture Wattage:	1000W	400W	250W	200W	175W	100W	85W	Other:
Fixture Light Source:	Metal Halide	Metal Halide Pulse Start	High Press Sodium	Mercury Vapor	Fluore -scent	Other:		
Fixture Color Temperature:	5000°K	4200°K	4100°K	3800°K	3500°K	Other:		
Number of Fixtures:								
Fixture								
Manufacturer: Fixture Make/Model Number:								
Fixture Height (off the floor/ road):							SPACING IN F	EET
Fixture Spacing (center to center):							SPACING IN F	EET
Supply Voltage:	120V	240V	277V	480V	Other:			
Fixture Mounting Configuration:	WALL MOUNT	HANGER / HOOK MT	HARD PIPE MT	SURFACE MOUNT	GROUND MOUNT	POLE MOUNT	PENDANT MOUNT	OTHER:
Fixture Wiring /		120V TWIST		277V TWIST		6" WIRES IN		3 WIRE CORD
Electrical hook up: Yearly Burn /		LOCK PLUG		LOCK PLUG	CON	NECTION BOX	LEN	TH IN INCHES:
Operating Hours: Utility / Energy								
Provider:								
Energy Provider Rate (kwh):								
Ambient Temperature:	Temperature of fixture location							
Size of Location								
(Square Feet): WORK ORDER								
NUMBER #	NOTES:							

** PLEASE COMPLETE ONE FORM FOR EACH FIXTURE TYPE/CONFIGURATION **

** PLEASE MAKE CERTAIN FORM IS COMPLETED FOR EACH QUOTED OPPORTUNITY/ORDER **