



LIGHT CALCULATION REQUEST

FOR PROPER BOOTH / ROOM APPLICATION OF FIXTURES

CONTACT INFORMATION

COMPANY NAME: _____ CONTACT: _____
 MAILING ADDRESS (LINE 1): _____ PHONE: _____
 MAILING ADDRESS (LINE 2): _____ FAX: _____
 CITY: _____ STATE: _____ E-MAIL ADDRESS: _____
 ZIP: _____ COUNTRY: _____ WEB ADDRESS: _____

All of the following information can influence light levels in a booth or room. Having this information available will assist our territory reps in matching the right fixture to your application.

BOOTH / ROOM INFORMATION

Inside dimensions of room/booth:

Width: _____ Height: _____ Depth: _____

Booth design:

- Down Draft Cross Draft Side Down Draft
 Dry Filter Water Wash

What kind of lights in booth: _____

Where are they mounted? (Wall, ceiling, hips, corners, combo etc...) _____

What kind of fixture access is needed?

- Inside Access Outside Access Both

Does existing booth have hipped ceiling? Yes No

If yes: Hip Size: _____ Degree: _____

If yes, are there lights in hip? Yes No

Is it possible to add lights to hip? Yes No

Does booth have corner chambers? Yes No

If yes, size: _____

Is booth floor:

- Concrete Grating Combination

Dimensions of concrete area from booth wall to grating: _____

Materials used for booth construction:

Floor: _____ Color: _____

Walls: _____ Color: _____

Ceiling: _____ Color: _____

Are any of the walls/ceiling open? Yes No

If yes, where? _____

Are there mandors in booth walls? Yes No

If yes, where? _____

Any windows or translucent panels? Yes No

If yes, where? _____

Description of type of fixture preferred: (i.e. 4 lamp, 4 ft. 32 watt T8)

FILTER INFORMATION

Where are filters located? Floor Ceiling Wall

What are the overall dimensions of the filtered area?

Length: _____ Width: _____

OBJECT

Type of product: _____

Shape of product (i.e. square, cylinder, etc.) _____

Largest object:

Width: _____ Height: _____ Depth: _____

Smallest object:

Width: _____ Height: _____ Depth: _____

Color primarily painted? _____

OTHER CONSIDERATIONS

Indoor Outdoor Heated Unheated

Chemical Used for Wash: _____

Media Used for Blast: _____

Cure/Bake Process in Booth: _____

GOALS

Determine number of fixtures to obtain:

_____ foot candles at _____ (ft.) height.

Looking for approximate number of fixtures for booth/room.

COMMENTS:

Please submit drawings if available.



Toll Free: 1-800-854-0021
 Fax: 715-839-8145
 Web: <http://www.ldpi-inc.com>
 E-Mail: sales@ldpi-inc.com



LIGHT CALCULATION REQUEST

INDOOR LIGHTING APPLICATION FORM

PROJECT INFORMATION:

Date: _____ Agency: _____
 Project Name: _____ Agent: _____
 Location: _____ Date Required: _____
 Specifier: _____ Type of Application: _____
 Phone: _____

ROOM SIZE: (If not rectangular, send dimensional drawing)

Length: _____
 Width: _____
 Height: _____

If ceiling is sloped, what are the varying heights?

Where do they occur?

FIXTURE INFORMATION:

Fixture Desired
 (Catalog Number): _____

Lamp Type: _____

Wattage: _____

Voltage: _____

Desired light levels in:

Footcandles: _____

or Lux: _____

Uniformity Requirements:

Average: _____

Max/Min: _____

Ave/Min: _____

Special Consideration:

(i.e. obstructive elements, beams, other)

TASK ①

PAINTBOOTH ②

VAPOR DUST ③

VAPOR ④

WET DAMP ⑤

MARINE ⑥

EXPLOSION PROOF ⑦

HID ⑧

INSPECTION ⑨

PORTABLE LIGHTING ⑩

MOUNTING ⑪

PHOTOMETRY ⑫

LAMPS BALLASTS ⑬

INFO ⑭

CUSTOM ⑮

ASK THE EXPERT ⑯



LIGHT CALCULATION REQUEST

PARKING GARAGE APPLICATION FORM

PROJECT INFORMATION:

Date: _____ Agency: _____
 Project Name: _____ Agent: _____
 Location: _____ Date Required: _____
 Specifier: _____ Type of Application: _____
 Phone: _____

PARKING GARAGE DRAWING REQUIRED TO BE SENT IN WITH APPLICATION FORM

Ceiling Style: Deep Cell or "T" Flat

Ceiling Height:

Bottom of Cell: _____

Top of Cell: _____

Driving Lanes: One Way Two Way

FIXTURE INFORMATION:

Fixture Desired
(Catalog Number): _____

Lamp Type: _____

Wattage: _____

Voltage: _____

Desired light levels in:

Footcandles: _____

or Lux: _____

Uniformity Requirements:

Average: _____

Max/Min: _____

Ave/Min: _____

Special Consideration:

(i.e. obstructive elements, beams, other)

- ① TASK
- ② PAINTBOOTH
- ③ VAPOR DUST
- ④ VAPOR
- ⑤ WET DAMP
- ⑥ MARINE
- ⑦ EXPLOSION PROOF
- ⑧ HID
- ⑨ INSPECTION
- ⑩ PORTABLE LIGHTING
- ⑪ MOUNTING
- ⑫ PHOTOMETRY
- ⑬ LAMPS BALLASTS
- ⑭ INFO
- ⑮ CUSTOM
- ⑯ ASK THE EXPERT