

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

## Step 4 New lighting preferences (if applicable)

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

