## **LIGHTING INVENTORY REPORT FORM\***

Report Prepared by:	Inventory Date:				
Contact Telephone:		Master Location:			
Contact E-mail Addr	ess:		GP	S Coordinates:	
Specific Location:			Nυ	mber of Fixture	es:
Function: (choose) Fixture Type:		Lamp Type: (choose) Correlated Color Temp (K):			
Area	Barn	CFL	Lumens:	Ope	rable? Yes No
Decorative	Bollard	Fluorescent Tube			
Egress	Can	Incandescent	Hazards:	Sh	nielding State:
Pathway	Ceiling	LED	Curb	Fu	olly Shielded
Parking	Emergency	LPS	Pathway	Pa	artially Shielded
Roadway	Flood	HPS	Stairs	Ur	nshielded
Safety	Pole	Metal Halide	Uneven surfa	ce Ot	ther
Security	Spot	Mercury Vapor	Water	Ur	nknown
Sign	String	Neon			
Wayfinding	Wall pack		LMP Complia	ınt:	
Adaptive Controls: Close-Up Photo Log			Context Photo Log		
Automatic Switch	# No	ame Descriptio	n #	Name	Description
Motion Control					
Timer					
Notes:					

<sup>\*</sup>For use per site or per fixture type, as applicable.