



Ergonomic Program: Lighting Survey Form

EOSMS- 311-1

Date: 01/14/2014

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Building												
Assessment Date:						Assessment By						
#	Floor	Room/Area Description	Usage Area Type	Tasks performed	Fixture Type	# of Fixtures	# of Non-op Fixtures*	kW per Fixture	kW per Space	kWh per Space	Illuminance (Lux)	Luminance (%)
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												

<p>16</p>	<p>Notes:</p>
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