

Lighting study

FORM

If you want to make lighting calculations yourself, we are at your disposal to bring you some necessary advice and give you our photometric data (T +33(0)1 43 14 84 99).

YOUR CONTACT DETAILS

COMPANY NAME:
SURNAME, FIRST NAME:
ADDRESS:
POST CODE: TOWN: COUNTRY:
TEL: FAX: E-MAIL:

PROJET

PROJECT NAME:
POST CODE: TOWN: COUNTRY:
PROJECT SCHEDULE:

PREMISES

ROOM TYPE:

Dimensions L : m W : m H : m
If necessary, please supply a scale plan (dwg or pdf format)

Height of the luminaire: m
Installation constraints:
If necessary, please supply a scale plan (dwg or pdf format)

Height of working plane: Floor At 0.8 m from the floor Other (specify):
Lighting requested: lux

REFLECTANCE OF THE SURFACES

Floor colour: Dark Average Light%
Wall colour: Dark Average Light%
Ceiling colour: Dark Average Light%
or: reflection coefficient

DUST Heavy Medium Light

ROOM TEMPERATURE °C

ATEX : No Yes Zone :

LIGHT

TYPE OF LUMINAIRE: Details:
Options for visual comfort: Housing finishing: Grill :
Dimensional constraints: Length: mm Diameter: mm
Comments:
TYPE OF LAMP (T5 or T8 fluorescent tube, compact fluorescent lamp, HPS, halides...)
Power : W

RESPONSE REQUIRED BY:

ADDITIONAL COMMENTS:
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CONTACT :

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