

CALCULATION REQUEST



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BOOTH/ROOM LIGHTING APPLICATION FORM

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 man doors 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.



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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?

REFLECTANCES:

Ceiling: _____ Color: _____
Walls: _____ Color: _____
Floor: _____ Color: _____

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)

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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)

RECOMMENDED LIGHT

FOOTCANDLES BY APPLICATION



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How Much Light is Needed?

Before undertaking any lighting retrofit project or designing a lighting system for a new facility, determine appropriate and adequate levels of illumination for required activities both inside and outside the facility. Take a close look at each area to see what the lighting needs really are. Ask people how they feel about the lighting: is there too much or too little light, is there glare?

If you want to check people's impressions and your own, you can measure the amount of light with a light meter. Your lighting supplier can probably lend you one. You can then compare your present lighting levels to nationally accepted recommendations. When measuring levels with a meter, be sure to take into account whatever contribution daylight is making. You need adequate lighting on overcast days and at night. In many cases, you will find present lighting levels are excessive and need adjustment, which are usually achieved through delamping or conversion to a different lighting system. The Illuminating Engineering Society (IES) recommendations for lighting levels for various activities are shown in this table.

Recommended Light Levels

Task Area	Footcandles
Paint Booths	100 - 150
Corridors/Stairways/Restrooms	10 - 20
Storage Rooms	10 - 50
Conference Rooms	20 - 50
General Offices	50 - 100
Drafting/Accounting	100 - 200
Areas with VDTs	75
Classrooms	50 - 75
Cafeterias	50
Gymnasiums	30 - 50
Merchandising	30 - 150
Manufacturing Assembly	50 - 500
Parking Areas (uncovered)	1 - 2