

Office Lighting Energy Audit Form

Audit Date

Auditor Name

Office/Department Name

Location

Number of Occupants

Hours of Operation (per day)

Description of Office Area (e.g., open office, private rooms, etc.)

Lighting System Inventory

Fixture Type

Qty

Wattage (W)

Usage Hours/Day

Total Power (W)

Notes on Lighting Control (e.g., occupancy sensors, manual switches, timers)

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Observed Issues/Opportunities for Improvement

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