

# Office Space Lighting Energy Audit Form

## General Information

Office Name

Auditor Name

Date of Audit

## Lighting Overview

Total Area Audited (sq. ft.)

Total Number of Light Fixtures

Typical Lighting Operating Hours per Day

## Fixture Inventory

Location/Room	Type of Fixture	Qty	Lamp Wattage (W)	Ballast (Yes/No)	Daily Hours Used

## Controls

Lighting Controls Present (select all that apply)

Manual Switch  
Occupancy Sensor  
Timer  
Dimming  
Other

## Observations & Recommendations

Comments

Recommendations

