

Industrial Facility Lighting Control Assessment Checklist

Facility Information

Facility Name

Location

Assessment Date

Assessor Name

Lighting Control Assessment

Item	Yes	No	N/A	Notes
Are lighting controls installed in all relevant areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are occupancy sensors functioning properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are daylight harvesting controls in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are time-based controls (timers/schedulers) used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are luminaires zoned appropriately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are manual wall switches accessible and labeled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are lighting control settings regularly reviewed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

General Observations & Recommendations