

# Commercial Lighting Power Usage Questionnaire

## Facility Information

Company/Facility Name

Address

Contact Person

Email

## Lighting Inventory

Primary Lighting Type

Number of Fixtures

Average Wattage per Fixture (W)

Other Types of Lighting (describe, if any)

## Operating Hours

Average Hours Used per Day

Days Used per Week

## Controls & Sensors

Are lighting controls/sensors used?

If yes, please describe (e.g. motion sensors, timers)

## Additional Notes

Please add other relevant information

