

# LED Lighting Retrofit Inspection Form

## Project Information

Project Name

Location

Date of Inspection

Inspector Name

## Existing Lighting

Area/Room	Fixture Type	Quantity	Lamp Type	Wattage

## Proposed LED Retrofit

Area/Room	LED Fixture Type	Quantity	Wattage	Controls (Yes/No)

## Inspection Checklist

Fixtures properly installed

Lamps functioning correctly

Wiring secured and safe

Controls operating as expected

No debris left behind

## Comments / Notes

Signature

Inspector Signature

