

Sede legale: Corso Novara 121 - 27029 Vigevano (PV)
Sede operativa: Via G. Casalinghino 11 - 27024 Cilavegna (PV)
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LIGHT CALCULATION

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AGENCY:

DATE :

COMPANY:

ADDRESS:

NAME:

TEL:

E-MAIL:

**NAME OF THE
BUILDING/PROJECT**

USE OF THE AREA
(if it is open or closed space)

CODE OF THE ITEMS TO USE

LUX REQUIRED
(on the floor or on the desk)

EMERGENCY LIGHTING

AVERAGE LUX

COLORS OF THE ROOM
(Wall. ceiling, floor)

**DIMENSIONS
OF THE PLACE**
(W x L x h)

INSTALLATION HEIGHT

COMPETITORS
(indicate, if available, the codes of the
equipment provided by any of our
competitors)

DATE OF PROJECT
REQUEST

**TYPE AND N° OF
THE ATTACHMENTS:**

Note: For projects involving a lot of rooms (es. Hospitals, hotels, sport centers, ect) please choose and select just some test area for the calculation.

Should you send any deaving, please send it as an autocad file or kindly mention every dimension.