

**LIGHT CALCULATION**

**DO.GEN.22 Rev. 1.4 del 17/06/2021**

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 sometest area for the calculation. Should you send any deaving, please send it as an autocad file or kindly mention every dimension.

IDEALLUX S.R.L.

Sede legale: Corso Novara 121 | 27029 Vigevano (PV)  
Sede operativa: via G. Casalinghino 11 | 27024 Cilavegna (PV)  
Tel. +39 0381 969814 Fax. +39 0381 669709  
www.grupporaina.it | info@ideallux.it | ideallux@pec.it

Cap. sociale: €100.000,00 int. Vers. | R.E.A PV 174200  
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