

Request for Indoor Light Plan

4800 Hinan Drive
Beamsville, Ontario
CANADA L0R 1B1

Tel: 905.563.4133
Fax: 905.563.0445
E-Mail: info@pllight.com

www.pllight.com

PROJECT INFO

Project Name: _____

Customer Name: _____

Street: _____

City: _____

State: _____ ZIP: _____

Phone: _____

Email: _____

DEALER INFO (IF APPLICABLE)

Dealer: _____

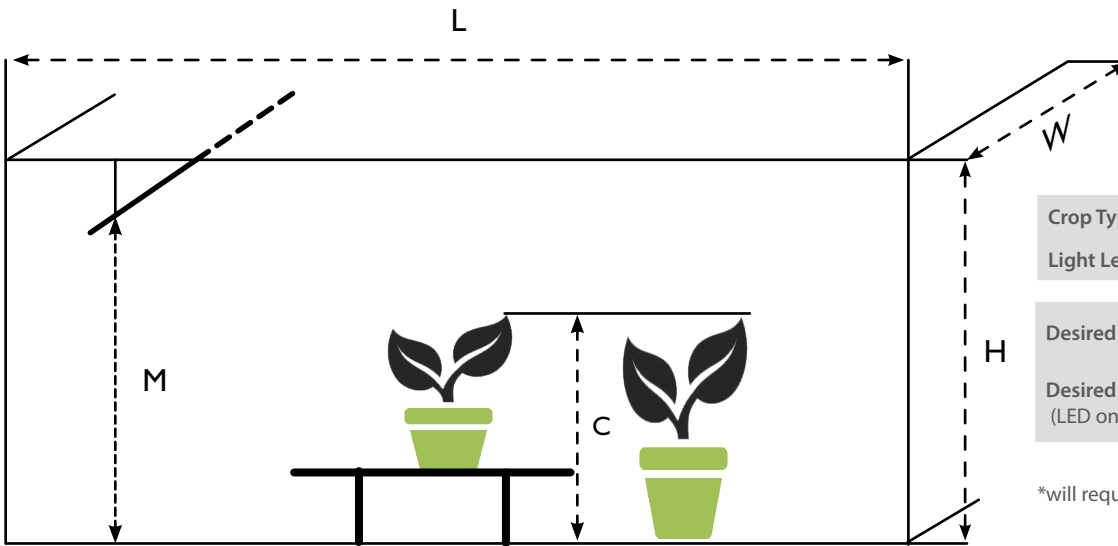
Contact Name: _____

Phone: _____

Email: _____

Potential Order Date: _____

This calculation is based on exact measurements in perfect conditions. Because of this you may experience some variance in light-levels. All fixtures must be mounted straight and level in all directions to achieve the calculated light-level and uniformity



Crop Type	
Light Level ($\mu\text{mol}/\text{m}^2.\text{s}$)	
Desired Light Source	
Desired Spectrum (LED only)	

*will require additional information

	Room 1	Room 2	Room 3	Room 4	Room 5	Room 6	Room 7	Room 8
(W) Width of room								
(L) Length of room								
(H) Ceiling Height								
(M) Desired Mounting Height								
(C) Desired Finish Crop Size (Floor to Canopy)								
Number of rooms this size								

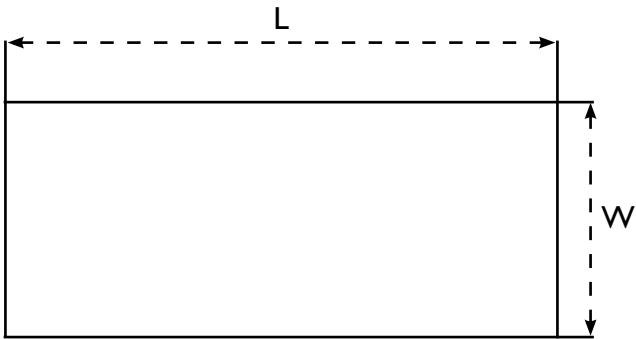
The light plan is designed on the basis of the available information. P.L. Light Systems is not liable for any inaccurate or missing data.

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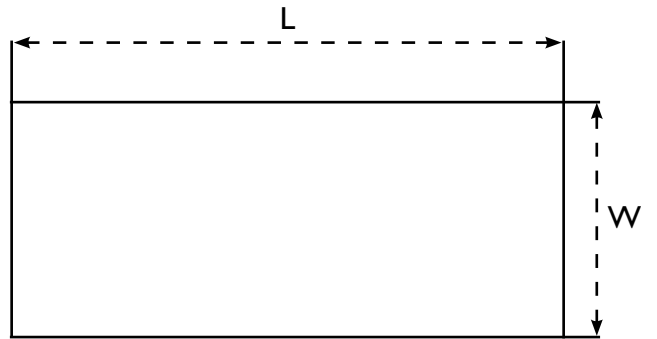
Notes:

1. Obstacles such as A/C units, heating pipes and etc. affect the uniformity and light levels. Please sketch in the exact locations and their dimensions below.

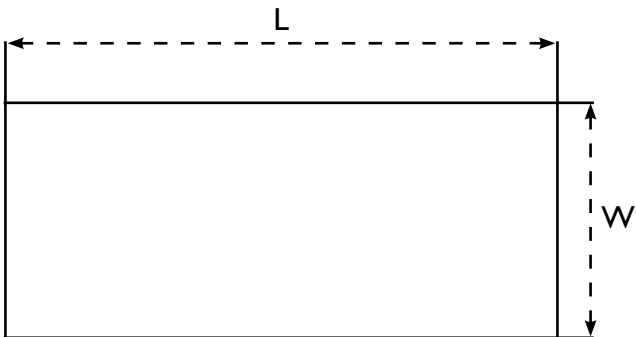
Room 1



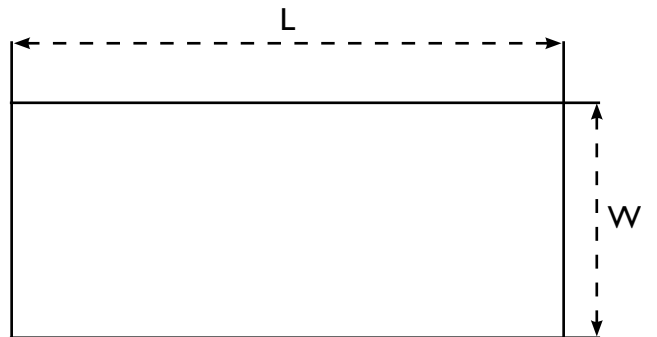
Room 2



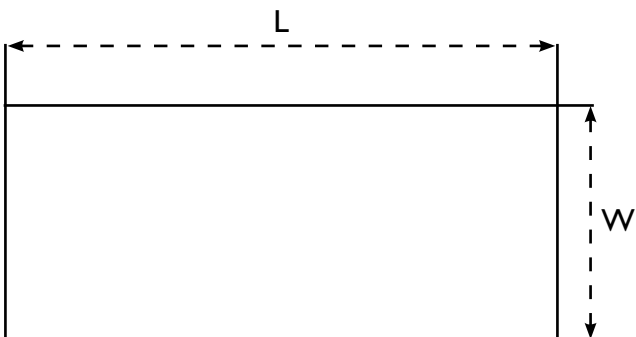
Room 3



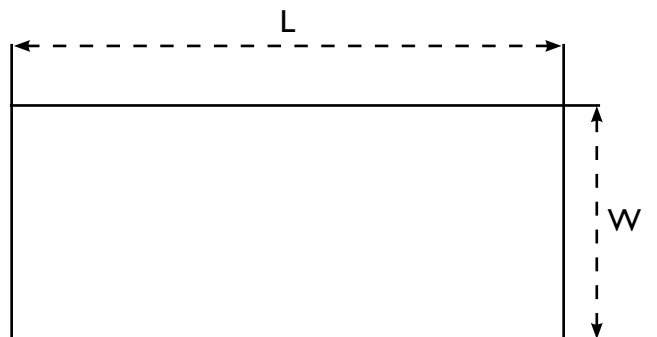
Room 4



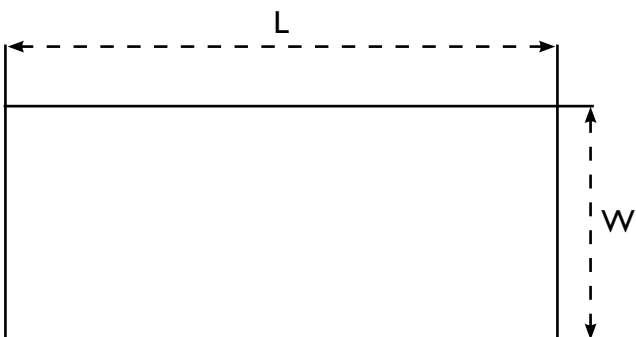
Room 5



Room 6



Room 7



Room 8

