

Request for Vertical Light Plan

PROJECT INFO

Project Name* _____

Customer Name* _____

Street* _____

City* _____

State* _____ ZIP* _____

Phone* _____

Email* _____

4800 Hinan Drive
Beamsville, Ontario
CANADA L0R 1B1

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

www.pllight.com

DEALER INFO (If Applicable)

Dealer* _____

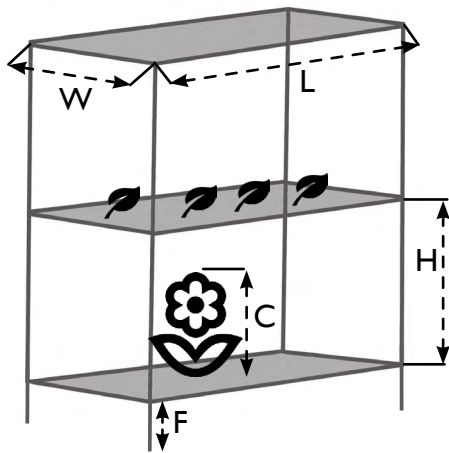
Contact Name* _____

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 ($\mu\text{mol}/\text{m}^2\cdot\text{s}$)*: _____

Light Source* _____

Desired Spectrum (LED only) _____

Is rack enclosed with walls or wrapped in reflective material? _____

If yes, material of wrap/walls _____

If known, reflectivity of wrap/walls _____

	Rack 1	Rack 2	Rack 3	Rack 4	Rack 5	Rack 6	Rack 7	Rack 8
(W) Shelf Width								
(L) Shelf Length								
(H) Desired Distance between Shelves								
(C) Desired Finish Crop Size (Shelf to Canopy)								
Number of Shelves this Size on Rack								
(F) Floor to First Shelf								

* Indicates required information. 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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Floor Plan

Please use the space below to sketch in the location of the racks within the room, particularly note the distance between racks and walls, as reflectivity may be a factor. If there are attached drawings, please indicate file names:

File Name _____

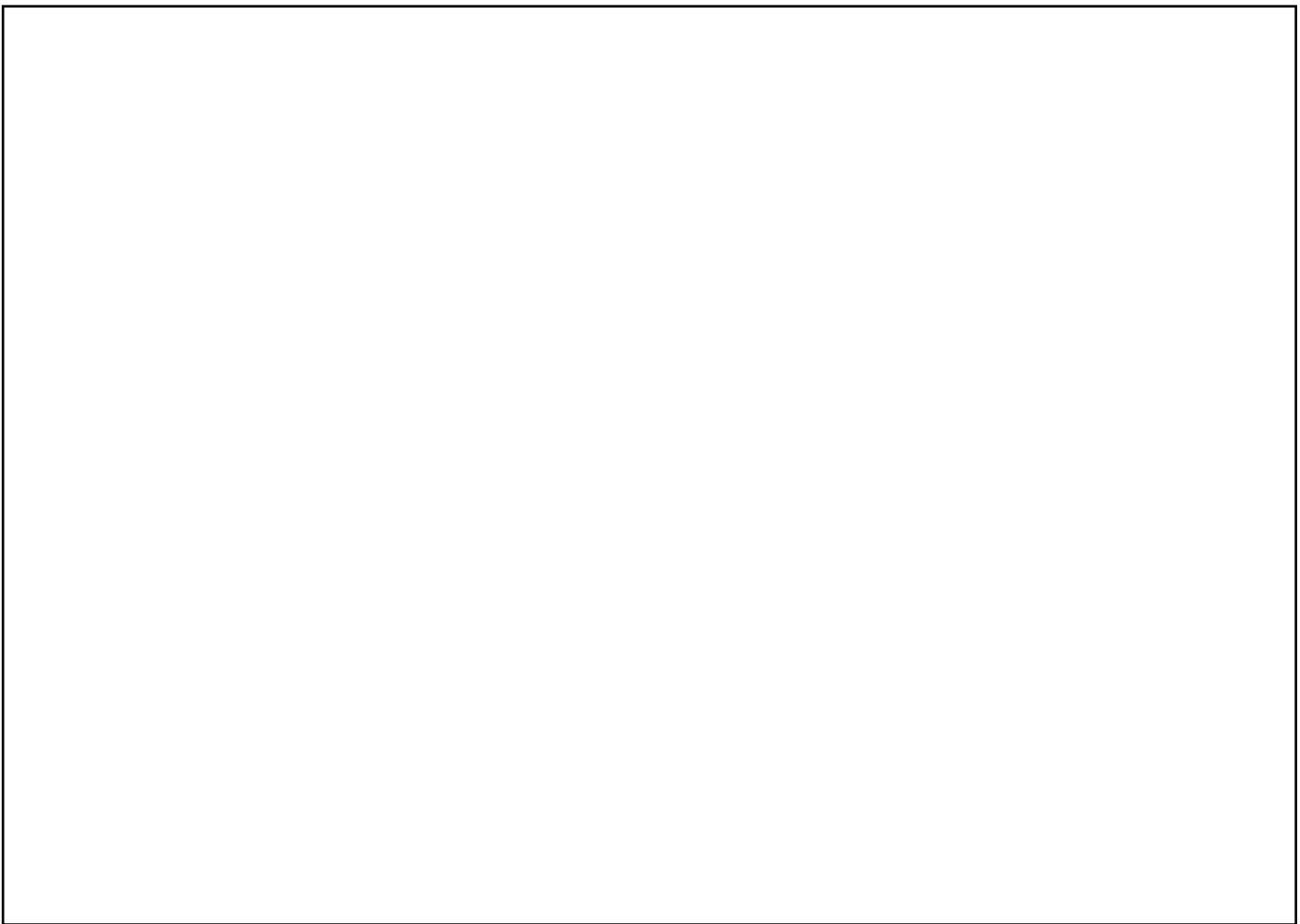
File Name _____

File Name _____

File Name _____

File Name _____

File Name _____



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