

# EZ Lighting Worksheet Guide

## Section 1:

Fill out the applicant's name and facility name (see example below). Select from drop-down options for remaining fields.

**1** If selecting "no," default hours will be used.

SECTION 1	
Applicant Name	John Doe
Facility Name	John Doe Co.
Facility Type	Warehouse
Heating Type	Unknown
Do you have facility hours?	No
Usage Groups (Maximum of 3)	2
Usage Group #1 Name	
Usage Group #2 Name	
Usage Group #3 Name	

If selecting "yes," you will provide names for each of your usage groups, which are areas within your facility that have independent lighting schedules.

SECTION 1	
Applicant Name	John Doe
Facility Name	John Doe Co.
Facility Type	Warehouse
Heating Type	Unknown
Do you have facility hours?	Yes
Usage Groups (Maximum of 3)	2
Usage Group #1 Name	Warehouse(s)
Usage Group #2 Name	Office(s)

**2** After naming your usage groups, you will be prompted to fill in the hours and cooling type for each.

Note: The following usage groups will not ask for hours and cooling type:

- Exterior
- Guest Room(s)
- 24/7

Warehouse(s) Hours				
Monday	6 a.m.	to	12 p.m.	
Tuesday	6 a.m.	to	12 p.m.	
Wednesday	6 a.m.	to	12 p.m.	
Thursday	6 a.m.	to	12 p.m.	
Friday	6 a.m.	to	12 p.m.	
Saturday	N/A a.m.	to	N/A p.m.	
Sunday	N/A a.m.	to	N/A p.m.	
Space cooling type?	Unconditioned			

Office(s) Hours				
Monday	9 a.m.	to	5 p.m.	
Tuesday	9 a.m.	to	5 p.m.	
Wednesday	9 a.m.	to	5 p.m.	
Thursday	9 a.m.	to	5 p.m.	
Friday	9 a.m.	to	5 p.m.	
Saturday	N/A a.m.	to	N/A p.m.	
Sunday	N/A a.m.	to	N/A p.m.	
Space cooling type?	Comfort Cooled			

## Section 2:

- 1 Fill out the pre-retrofit details for each line item with information that best describes your project using the drop-down menus (where applicable) or by entering manually.

SECTION 2		Total Estimated Energy Savings (kWh)		0.00		
PRE-RETROFIT DETAILS						
Space Type	Existing Fixture Type	Lamps per Fixture	Tube Length (in.)	Watts per Lamp	Existing Fixture Quantity	Type of Controls
1 Warehouse(s)	Metal_Halide	1		400	100	Light Switch
2 Office(s)	T12_Linear_Fluorescent	4	48	32	20	
3						Light Switch
4						Occupancy Sensors
5						Time Clocks
6						Energy Management System
7						Daylight Photosensors
8						Dimmers
9						Computer Based Controls
0						Multiple Types

- 2 Next, fill out the post-retrofit details for each line item with information that best describes your project.

POST-INSTALLATION DETAILS						
Proposed EXACT Model Number	Fixture(s) or Tube(s)?	Proposed Fixture/Tube Quantity	Screw-in? (Y/N)	Per Unit Wattage(W)	Type of Control	Quantity of Controls
LED-123-ABC-5000K	Fixture(s)	100	N	150	Light Switch	
LED-456-DEF-4000K	Tube(s)	80	N	15	Occupancy Sensors	20

### Note:

- **EXACT** model numbers are required.
- When applying for tube incentives, please include *the number of tubes, not fixtures*.

- 3 Although not required, we recommend submitting specification sheets for new equipment to verify model numbers and ensure that the products meet program requirements.

► **Once each line item for the project is filled out, you are done!** Submit the worksheet along with your other project documents to [PECOSmartIdeas@DNVGL.com](mailto:PECOSmartIdeas@DNVGL.com).