

Skylight Analysis



In order to provide a "skylight analysis," please provide the information on this form.
For assistance contact Randy Koller at 800-453-2554 ext. 7485.

Data Required			
Requested by:		Title:	
Project Name:		Project Location:	
Bldg. Type:	Hours of Operation:	Roof Area (sq. ft.)	
Roof Height:	Ceiling Height:	Building Dimensions:	
Lighting		Shelving/Racks or Partitions	
Lighting Setpoint: ____ FC	Partitions Yes ____ No ____	Shelves/Racks Yes ____ No ____	None
Task Height: ____ FT	Shelf/Rack Height: ____ FT	Shelf/Rack Width: ____ FT	
Lighting Type:	Aisle Width: ____ FT		
Fixture Height: ____ FT	Color of Material on Shelves/Racks: White ____ Light ____ Dark ____		
Lighting Control:	Walls/Floors		
Lighting Schedule — Mon to Fri: _____ to _____	Wall Color: White ____ Light ____ Dark ____		
Lighting Schedule — Saturday: _____ to _____	Ceiling Color: White ____ Light ____ Dark ____		
Lighting Schedule — Sunday: _____ to _____	Floor Color: White ____ Light ____ Dark ____		
Financial Information			
Energy Inflation rate to use: _____ per year		Project Evaluation period (years):	
Electrical Cost: _____ per kWh			
Heat Source		Cooling Source	
Heated	Yes ____ No ____	Air Conditioned	Yes ____ No ____
Inside Temp.	Winter - Normal _____ Setback _____	Inside Temp.	Summer - Normal _____ Setup _____
Fuel Type		Fuel Type	
Fuel Source Rate		Fuel Source Rate	
Fuel Value	Btu/cf Btu/Gal.	Fuel Value	
		Economizer	Yes ____ No ____

