



# Lighting Performance: Lacrosse

Horizontal

Date of Readings: \_\_\_\_\_ By: \_\_\_\_\_

School Name: \_\_\_\_\_ Seating Capacity: \_\_\_\_\_

School Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Facility Name: \_\_\_\_\_

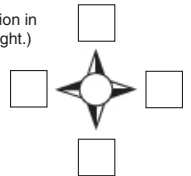
Facility Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Mark your approximate pole locations around the field to the right, if applicable with an "X":

**Recommended average light levels:**  
 Less than 2,000 spectators: 30 footcandles  
 2,000-5,000 spectators: 50 footcandles  
 5000+ spectators: 100 footcandles

**Recommended uniformity:**  
 Less than 2,000 spectators: 3:1  
 2,000-5,000 spectators: 2:1  
 5,000+ spectators: 1.7:1

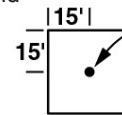
**Field Orientation:**  
 (Please indicate field orientation in cells around diagram to the right.)



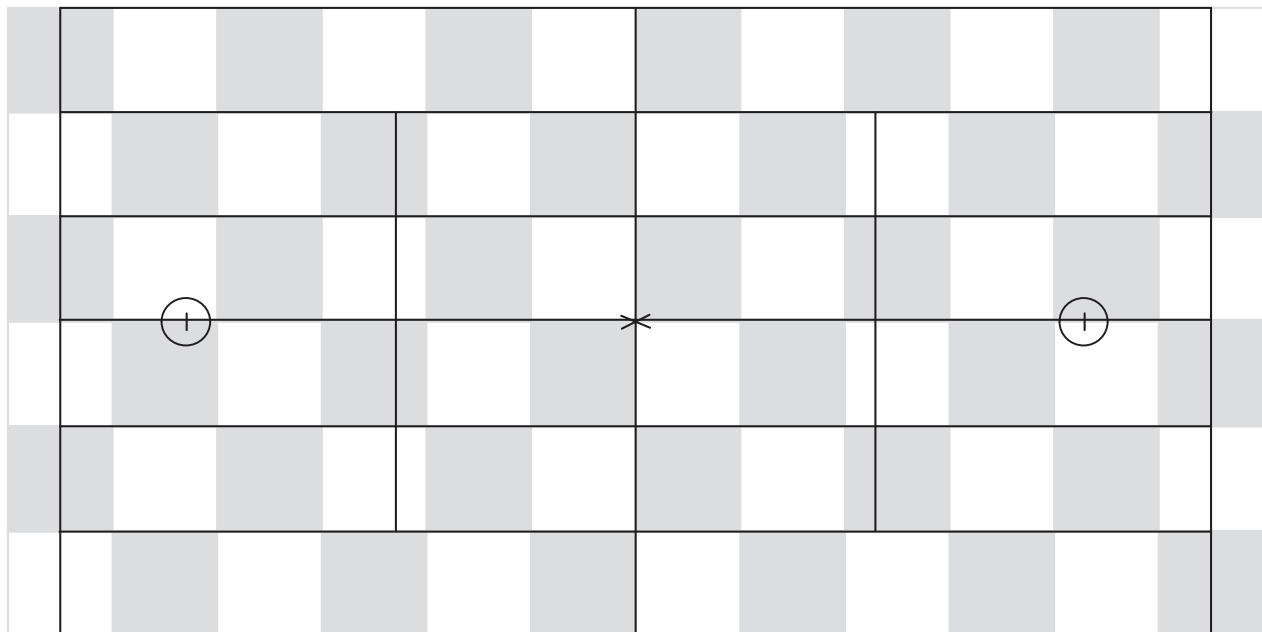
This form will automatically calculate light levels and uniformities if used electronically.

If calculating manually:  
 Add the grid point readings and divide by the number of total grid points to get your light level average.  
 Divide the highest reading by your lowest reading to get your uniformity.

30' x 30' grid



**Readings taken in center of grid area.**



| Horizontal Light Level and Field Survey Results: |  |
|--|--|
| Average light levels: _____                      | How is lighting controlled: _____        |
| Uniformity: _____                                | Date lighting equipment installed: _____ |
| (If outdoor) Quantity of poles: _____            | Lighting manufacturer: _____             |
| Field size: _____                                | Relamp / maintenance date: _____         |
| Total number luminaires: _____                   | Maintenance performed by: _____          |
| Number luminaires operational: _____             | Annual hours of operation: _____         |
| Luminaire type (HID or LED): _____               | Light meter brand: _____                 |
| Lamp wattage: _____                              | Model number: _____                      |
|  | Calibration date: _____                  |