2005 ACCEPTANCE REQUIREMENTS FOR CODE COMPLIANCE

Lighting Control Acceptance Document

<table>
<thead>
<tr>
<th>PROJECT NAME</th>
<th>DATE</th>
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<tbody>
<tr>
<td>PROJECT ADDRESS</td>
<td></td>
</tr>
<tr>
<td>TESTING AUTHORITY</td>
<td>TELEPHONE</td>
</tr>
<tr>
<td>LIGHTING CONTROL SYSTEM NAME / DESIGNATION</td>
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</tbody>
</table>

Intent: Lights are turned off when not needed per 119(d) & 131(d).

Construction Inspection

1 Instrumentation to perform test includes, but not limited to:
   a. Light meter
   b. Hand-held amperage and voltage meter
   c. Power meter

2 Occupancy Sensor Construction Inspection
   □ Occupancy sensor has been located to minimize false signals
   □ Occupancy sensors do not encounter any obstructions that could adversely effect desired performance
   □ Ultrasonic occupancy sensors do not emit audible sound (119a) 5 feet from source

3 Manual Daylighting Controls Construction Inspection
   □ If dimming ballasts are specified for light fixtures within the daylit area, make sure they meet all the Standards requirements, including "reduced flicker operation" for manual dimming control systems

4 Automatic Time Switch Controls Construction Inspection
   a. Automatic time switch control is programmed for (check all):
      □ Weekdays
      □ Weekend
      □ Holidays
   b. Document for the owner automatic time switch programming (check all):
      □ Weekdays settings
      □ Weekend settings
      □ Holidays settings
      □ Set-up settings
      □ Preference program setting

   □ Verify the correct time and date is properly set in the time switch
   □ Verify the battery is installed and energized
   □ Override time limit is no more than 2 hours

Certification Statement: I certify that all statements are true on this LTG-2-A form including the PASS/FAIL Evaluation.

I affirm I am eligible to sign this form under the provisions described in the Statement of Acceptance on form LTG-1-A

Name: ________________________________
Company: ________________________________
Signature: ________________________________ Date: ________________