Lighting Audit Worksheet: Use this sheet to determine if your room is too dim, too bright, or what we call Right Lighting. To determine the right lighting check the Illuminating Engineering Society's (IES) recommended lighting levels for the activity in this space
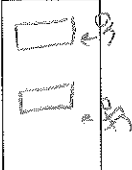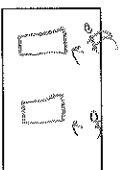
Room # __L-103__   Room Use _Classroom_   IES Recommended light level for this room __30-50__   Hours Used/Day __5/5__

Kirsten Falco

1. Write down the number of light switches in the room. __2__
2. You will audit the lighting of the room to find the Right Lighting. If you have more than one switch start by measuring with all of them on, then turn them off one at a time until you've measured every combination. Circle Right Lighting combination in the box below (the one that comes closest to the IES recommendation). If you have more switches, draw them in.
3. If windows are covered by shades or blinds, audit with them open and closed. If you have other coverings, consult with the classroom teacher how to address the issue.
4. Be sure and take a minimum of three footcandle readings in the room per lighting combination. Remember to only take readings in areas where work is done. Write down each reading on the lines below and then record your average.

Lighting Level

Draw switches in top boxes. Insert average footcandles (FC) in lower boxes.
If you have more light switch combination draw them on a separate piece of paper.

All On	All Off		
__46__ FC	__7__ FC	__54__ FC	__3__ FC
__42__ FC	__1__ FC	__8__ FC	__35__ FC
__43__ FC	__1__ FC	__44__ FC	__2__ FC

Average	Average	Average	Average
43.67	1	35.3	13.3

		Average	Average
__ FC	__ FC	__ FC	__ FC
__ FC	__ FC	__ FC	__ FC

Motion Sensor (circle one): Yes (No)
If yes, write how long before lights shut off: __n/a__
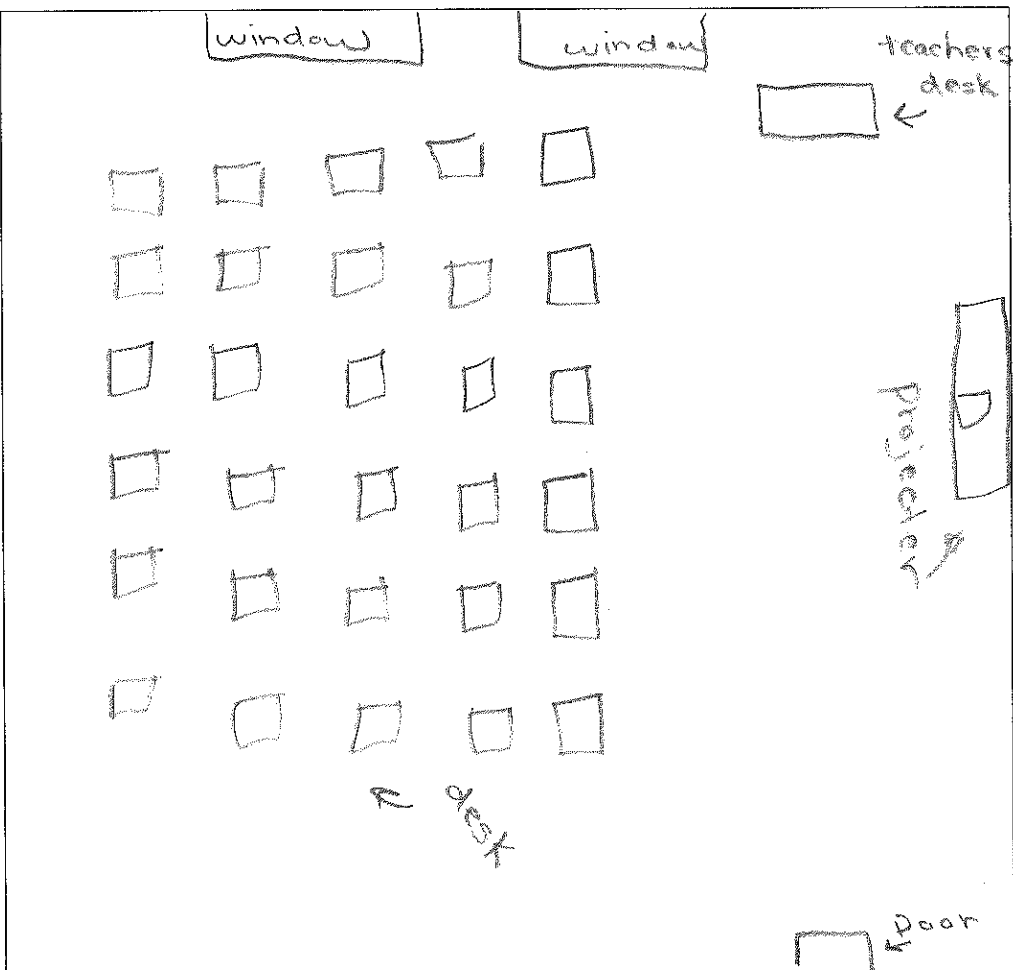
Once you've taken your light level readings for the room, make note of the light bulb types (your facilities staff can help with these) and draw a map of the space, indicating number and location of light fixtures, windows, free-standing lights, or other items in the room that would impact footcandle readings. This will help in creating the best use of natural and artificial lighting in any given space.

Room Lights:

Type of light bulb	Total number	Wattage	# Hours on per day
Overhead Fluorescent Tubes (T-5, (T-8) or T-12)	36	32	5
Overhead other (indicate type)	n/a	n/a	n/a
Incandescent	n/a	n/a	n/a
CFL	n/a	n/a	n/a
LED	n/a	n/a	n/a
Other (aquarium, night light, etc.)	n/a	n/a	n/a

Map Room:

If you have questions about the wattage of the light bulbs, please check with your facilities staff

HVAC AUDIT SHEET

Classroom # : _L 103_   Teacher: _mrs. frizzano_

TEMPERATURE AUDIT
Dept. of Energy recommends 68-78°

Temp 1: _75_

Temp 2: _74.5_

Temp 3: _75_

Average: _74.83_

Is the room:

Too Hot   Too Cold   (Just Right)

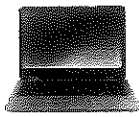Can the teacher control the temperature? ← (no teacher in room)
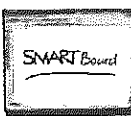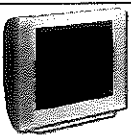
Yes   No   Somewhat

Are doors & windows closed when HVAC is on?

(Yes)/No

Appliance Audit Sheet

Most classrooms have the same equipment, so once you have audited one appliance you can assume other similar appliances have the same energy load.

Appliance	Can the appliance be turned off when no one is using it? (ask teacher)	How many watts does it use?	
Computer *Chromebook* ○	☐ Yes ☒ No	Active:	Sleep:
Monitor ①	☑ Yes ☐ No	Active: 26.1w	Phantom:* 0.3w
Projector ①	☑ Yes ☐ No	Active: 188w	Phantom 9.0w
Smart board ①	☑ Yes ☐ No	Active: 5.0w	Phantom: 1.1w
TV ○	☐ Yes ☒ No	Active:	Phantom:
Mini-fridge ○	☐ Yes ☒ No	Active:	
Space Heater ②	☐ Yes ☒ No	Active	Phantom
Other *Computer desktop tower*	☒ Yes ☐ No		

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*PHANTOM LOAD: Electric power consumed by an appliance even when it's turned off.

Use this form to help with your schoolwide appliance audit calculations. Fill in the information below as you audit each room. Refer to the Appliance Audit Worksheet to calculate the amount of energy being used.

Room #: _____ Teacher Name:_____

Type of appliance: How many are there?:

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

Room #: _____ Teacher Name:_____

Type of appliance: How many are there?:

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

Room #: _____ Teacher Name:_____

Type of appliance: How many are there?:

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

Room #: _____ Teacher Name:_____

Type of appliance: How many are there?:

_____   _____

_____   _____

_____   _____

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_____   _____

_____   _____

Room #: _____ Teacher Name:_____

Type of appliance: How many are there?:

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

Room #: _____ Teacher Name:_____

Type of appliance: How many are there?:

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

Lighting Audit Worksheet

Lighting Audit Worksheet: Use this sheet to determine if your room is too dim, too bright, or what we call Right Lighting. To determine the right lighting check the Illuminating Engineering Society's (IES) recommended lighting levels for the activity in this space

Room # _Room Use_ Classroom _IES Recommended light level for this room_ 30 - fc _Hours Used/Day_ 1 - 4 hours / 3 days

1. Write down the number of light switches in the room. _____
2. You will audit the lighting of the room to find the Right Lighting. If you have more than one switch start by measuring with all of them on, then turn them off one at a time until you've measured every combination. Circle Right Lighting combination in the box below (the one that comes closest to the IES recommendation). If you have more switches, draw them in.
3. If windows are covered by shades or blinds, audit with them open and closed. If you have other coverings, consult with the classroom teacher how to address the issue.
4. Be sure and take a minimum of three footcandle readings in the room per lighting combination. Remember to only take readings in areas where work is done. Write down each reading on the lines below and then record your average.

Lighting Level

Draw switches in top boxes. Insert average footcandles (FC) in lower boxes.
If you have more light switch combination draw them on a separate piece of paper.

All On	All Off				

107 FC	7 FC	___ FC	___ FC	___ FC	___ FC
101 FC	1 FC	___ FC	___ FC	___ FC	___ FC
98 FC	4 FC	___ FC	___ FC	___ FC	___ FC

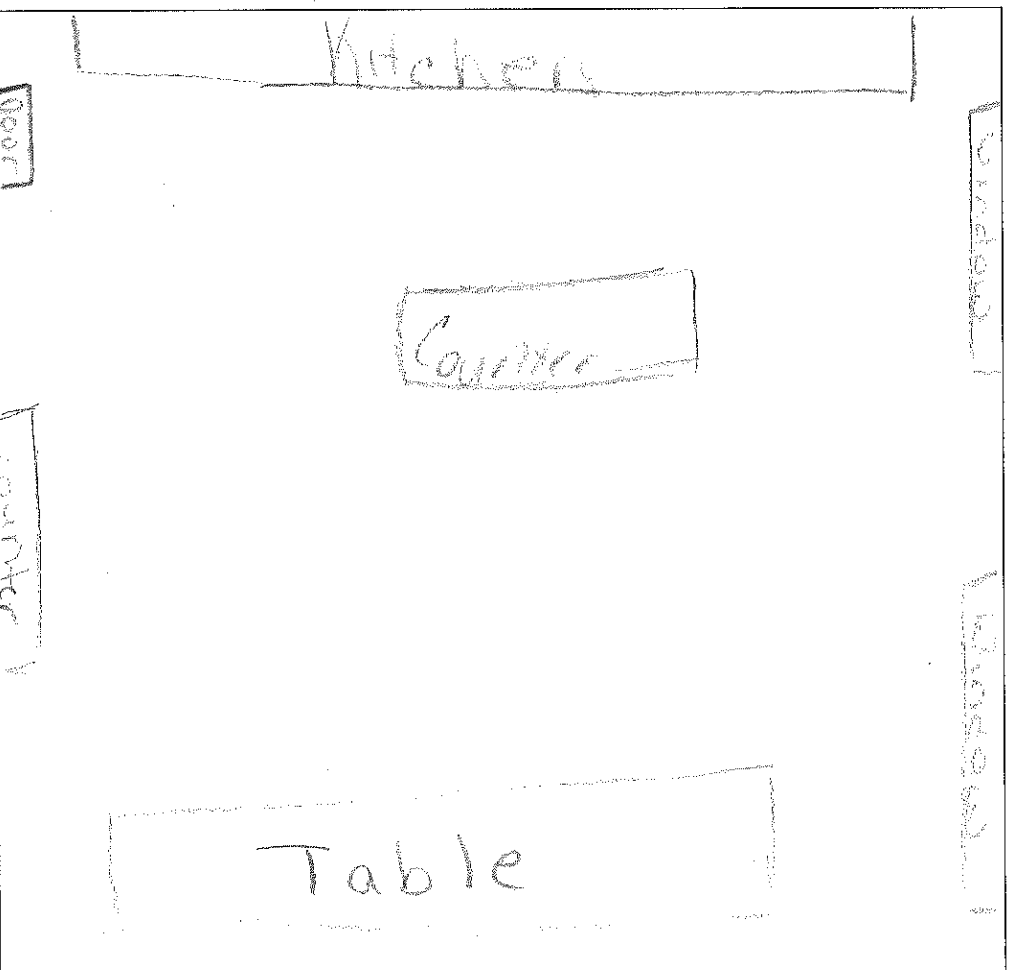| Average	Average	Average	Average	Average	Average
86	7				

Motion Sensor (circle one): (Yes)   No
If yes, write how long before lights shut off: N/A

Once you've taken your light level readings for the room, make note of the light bulb types (your facilities staff can help with these) and draw a map of the space, indicating number and location of light fixtures, windows, free-standing lights, or other items in the room that would impact footcandle readings. This will help in creating the best use of natural and artificial lighting in any given space.

Room Lights:

Type of light bulb	Total number	Wattage	# Hours on per day
Overhead Fluorescent Tubes (T-5, T-8, or T-12)	27	32	14 hours 12 days
Overhead other (indicate type)	n/a	n/a	n/a
Incandescent	n/a	n/a	n/a
CFL	n/a	n/a	n/a
LED	n/a	n/a	n/a
Other (aquarium, night light, etc.)	n/a	n/a	n/a

Map Room:

If you have questions about the wattage of the light bulbs, please check with your facilities staff

HVAC AUDIT SHEET

Classroom # : K104   Teacher: Mrs. Kechagias
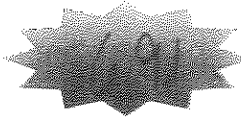
TEMPERATURE AUDIT
Dept. of Energy recommends 68-78°

Temp 1: _____ 67.5 _____

Temp 2: _____ 69.5 _____

Temp 3: _____ 70.5 _____

Average: _____

Is the room:

Too Hot   Too Cold   (Just Right)
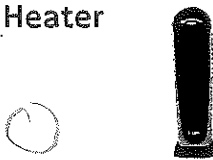
Can the teacher control the temperature?

Yes   (No)   Somewhat

Are doors & windows closed when HVAC is on?

(Yes)/No

Appliance Audit Sheet

Most classrooms have the same equipment, so once you have audited one appliance you can assume other similar appliances have the same energy load.

Appliance	Can the appliance be turned off when no one is using it? (ask teacher)	How many watts does it use?	
Computer	☐ Yes ☐ No n/a	Active:	Sleep:
Monitor	☐ Yes ☐ No n/a	Active: 25.7	Phantom:* 6.3
Projector	☐ Yes ☐ No n/a	Active: 278	Phantom 9
Smart board	☐ Yes ☐ No n/a	Active: 5.4	Phantom: 1.1
TV	☐ Yes ☐ No n/a	Active:	Phantom:
~~Mini-fridge~~	☐ Yes ☑ No	Active:	
Space Heater	☐ Yes ☐ No n/a	Active	Phantom
Other Microwave, Dishwasher, Toaster	☐ Yes ☑ No		

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*PHANTOM LOAD: Electric power consumed by an appliance even when it's turned off.

Use this form to help with your schoolwide appliance audit calculations. Fill in the information below as you audit each room. Refer to the Appliance Audit Worksheet to calculate the amount of energy being used.

Room #: _____ Teacher Name:_____

Type of appliance: How many are there?:

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

Room #: _____ Teacher Name:_____

Type of appliance: How many are there?:

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

Room #: _____ Teacher Name:_____

Type of appliance: How many are there?:

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

Room #: _____ Teacher Name:_____

Type of appliance: How many are there?:

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

Room #: _____ Teacher Name:_____

Type of appliance: How many are there?:

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

Room #: _____ Teacher Name:_____

Type of appliance: How many are there?:

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

Isabella Milvia

Lighting Audit Worksheet: Use this sheet to determine if your room is too dim, too bright, or what we call Right Lighting. To determine the right lighting check the Illuminating Engineering Society's (IES) recommended lighting levels for the activity in this space

Room # _B102_   Room Use _Classroom_   IES Recommended light level for this room _2_   Hours Used/Day _4,12 min._

1. Write down the number of light switches in the room. _2_
2. You will audit the lighting of the room to find the Right Lighting. If you have more than one switch start by measuring with all of them on, then turn them off one at a time until you've measured every combination. Circle Right Lighting combination in the box below (the one that comes closest to the IES recommendation). If you have more switches, draw them in.
3. If windows are covered by shades or blinds, audit with them open and closed. If you have other coverings, consult with the classroom teacher how to address the issue.
4. Be sure and take a minimum of three footcandle readings in the room per lighting combination. Remember to only take readings in areas where work is done. Write down each reading on the lines below and then record your average.

Lighting Level
Draw switches in top boxes. Insert average footcandles (FC) in lower boxes.
If you have more light switch combination draw them on a separate piece of paper.

All On	All Off	on/off	off/on		
31 FC	_2_ FC	28 FC	1 FC	___ FC	___ FC
32 FC	_0_ FC	25 FC	3 FC	___ FC	___ FC
62 FC	_10_ FC	48 FC	48 FC	___ FC	___ FC
Average 49	**Average** 0	**Average** 8	**Average**	**Average**	**Average**

Motion Sensor (circle one): Yes   ⭕No

If yes, write how long before lights shut off: _____

Once you've taken your light level readings for the room, make note of the light bulb types (your facilities staff can help with these) and draw a map of the space, indicating number and location of light fixtures, windows, free-standing lights, or other items in the room that would impact footcandle readings. This will help in creating the best use of natural and artificial lighting in any given space.

Room Lights:

Type of light bulb	Total number	Wattage	# Hours on per day
Overhead Fluorescent Tubes (T-5, T-8, or T-12)	18	NA	4
Overhead other (indicate type)	NA	NA	NA
Incandescent			
CFL			
LED			
Other (aquarium, night light, etc.)			

Map Room:
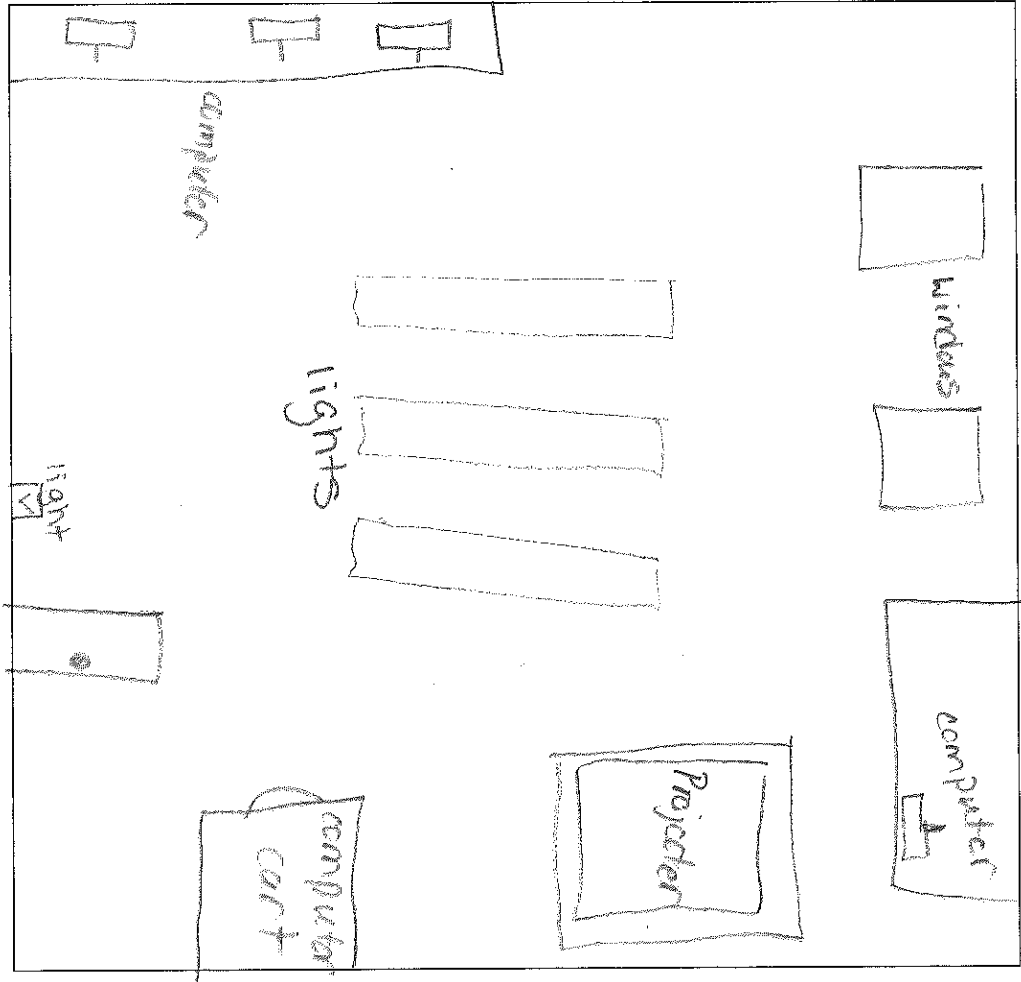
If you have questions about the wattage of the light bulbs, please check with your facilities staff

HVAC AUDIT SHEET

Classroom # : B102   Teacher: Ms. Murphy

TEMPERATURE AUDIT
Dept. of Energy recommends 68-78°

Temp 1: 78

Temp 2: 79

Temp 3: 77.5

Average: 78.2

Is the room:

(Too Hot)   Too Cold   Just Right
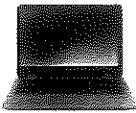
Can the teacher control the temperature?
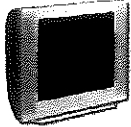
Yes   No   (Somewhat)

Are doors & windows closed when HVAC is on?

(Yes)/No

Appliance Audit Sheet

Most classrooms have the same equipment, so once you have audited one appliance you can assume other similar appliances have the same energy load.

Appliance	Can the appliance be turned off when no one is using it? (ask teacher)	How many watts does it use?	
Computer 25	☑ Yes ☐ No	Active:	Sleep:
Monitor 4	☑ Yes ☐ No	Active:	Phantom:* 93.6 watts 2.7 watts
Projector 1	☑ Yes ☐ No	Active:	Phantom 118.8 watts 17 watts
Smart board 1	☑ Yes ☐ No	Active:	Phantom: 5.3 watts 1.1 watts
TV 0	☐ Yes ☐ No	Active:	Phantom:
Mini-fridge 0	☐ Yes ☐ No	Active:	
Space Heater 0	☐ Yes ☐ No	Active	Phantom
Other Desktop Computer 0	☐ Yes ☐ No		

*PHANTOM LOAD: Electric power consumed by an appliance even when it's turned off.

Use this form to help with your schoolwide appliance audit calculations. Fill in the information below as you audit each room. Refer to the Appliance Audit Worksheet to calculate the amount of energy being used.

Room #: _____ Teacher Name: _____

Type of appliance: How many are there?:

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

Room #: _____ Teacher Name: _____

Type of appliance: How many are there?:

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

Room #: _____ Teacher Name: _____

Type of appliance: How many are there?:

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

Room #: _____ Teacher Name: _____

Type of appliance: How many are there?:

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

Room #: _____ Teacher Name: _____

Type of appliance: How many are there?:

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

Room #: _____ Teacher Name: _____

Type of appliance: How many are there?:

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____