

SUBMISSION TEMPLATE

IEQ -2 Lighting Comfort

| 1. Credit Criteria | | YES | NO |
|--------------------|---|-----|----|
| A | Has a visual audit been undertaken by a suitably qualified lighting technician? | | |

Attachments:

- a. Attached proof of qualifications for lighting technician

| Document Title | Description |
|----------------|-------------|
| | |

2. Fluorescent Ballast Audit

| | | | |
|---|---|--|--|
| A | Please indicate the number of fluorescent light fittings in the building | | |
| B | Are high frequency ballasts employed in 95% of fittings in regularly occupied spaces? | | |
| C | If answered "No", attach copy of magnetic ballast replacement program (see below) | | |

Attachments:

- a. Attach a copy of Magnetic Ballast Replacement Report (**NB** this report must be signed off by the Facilities Manager or Owner Representative)
- b. Attach Fluorescent Ballast Audit Report confirming the amount of fluorescent light fittings in the building and the percentage of these which have magnetic ballasts. This must be signed off by the lighting technician and Facilities Manager. (max 1 page)

| Item | Document Title | Description |
|------|----------------|-------------|
| | | |
| | | |

| 3. Lighting Comfort | | YES | NO |
|---------------------|--|-----|----|
| A | Has a process that is used to monitor and measure lighting comfort parameters been in place during the performance period? | | |
| B | Have all the luminaire measurements been found to be within the recommended levels for the spaces as per SANS recommendations? | | |

4. Equipment used to Measure Lighting Levels

| | |
|--|--------------------|
| Attachments: a. Attach a copy of the specifications, information of equipment used to measure general luminance. | |
| Document Title | Description |
| | |

Short Report

| | |
|---|--------------------|
| Attachments: A short report: Lighting Measurement Table | |
| Document Title | Description |
| | |

Report Guide

| Requirement | Y/N |
|---|-----|
| Space Name and/or use | |
| All reading values and confirmation that each reading complies with the credit criteria | |
| Description of measuring equipment used date and time measurements were take | |
| Party responsible for taking measurements, including position role | |

Statement of Authenticity

I, _____, hereby declare that the values/information listed in this submission template are indeed the true values of the applicant building, and additionally, that evidence either proving or rationalising said values can be supplied within 14 days of notification by either GBCSA, or any GBCSA approved third party.

DATE: _____

NAME: _____

SIGNATURE: _____