



Check list

Light ceiling/wall application

Contact details		Date:
Contact name		
Company/department		
Country		
E-mail		
Phone		
OSRAM distribution partner		
Light ceiling/wall details		
Type of application	<input type="checkbox"/> Light ceiling	<input type="checkbox"/> Light wall
Type of lighting	<input type="checkbox"/> Direct backlighting	<input type="checkbox"/> Sidelighting
	<input type="checkbox"/> Decorative (low lux level)	<input type="checkbox"/> General lighting (high lux level)
Required illuminance level (lux level)	On the floor:	
	On the reference plane:	
	On the wall:	
Desired color/color temperature	<input type="checkbox"/> 3000 K	<input type="checkbox"/> RGBW
	<input type="checkbox"/> 4000 K	<input type="checkbox"/> Tunable white
	<input type="checkbox"/> 6500 K	
Dimming solution	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Light management system		
Light ceiling/wall dimensions [mm]	Length:	
	Width:	
	Height:	
Light ceiling mounting height [mm]		
Please attach sketch or drawing of light ceiling/wall if it's not rectangular or circular!		
Type of light-emitting surface material	Transmission [%]:	
Manufacturer		
Product designation	Thickness [mm]:	
Room details		
Room dimensions [mm]	Length:	
	Width:	
	Height:	
Type of material (e.g. concrete, wood, wallpaper, plaster, rock, carpet)	Walls:	
	Floor:	
	Ceiling (excluding light ceiling):	
Please attach sketch or drawing of the room!		
Notes		

Sketch/drawing

Please note: You can also send further documents via e-mail attachment.