



Les Industries Spectralux Inc. Spectralux Industries Inc.

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LAMP CALIBRATION REQUEST

FORM - Q 018


Date

Choose or type the information in each field * **Required Fields**

CUSTOMER INFORMATION

| | | | |
|-----------------|----------------------|-------------|----------------------|
| *Company | <input type="text"/> | P.O. Number | <input type="text"/> |
| *Address | <input type="text"/> | *Phone | <input type="text"/> |
| *City | <input type="text"/> | Fax | <input type="text"/> |
| *State/Province | <input type="text"/> | Postal Code | <input type="text"/> |
| *Country | <input type="text"/> | E-mail | <input type="text"/> |
| | | *Contact | <input type="text"/> |

BALLAST DESCRIPTION ** Choose or type the information in each field for commercial ballast only

| | | |
|---------------------|----------------------|---|
| *Ballast Type | <input type="text"/> | Click to insert the a picture of special lamp or ballast  |
| **Circuit Type | <input type="text"/> | |
| **Catalog Number | <input type="text"/> | |
| **Manufactruer | <input type="text"/> | |
| Special Instruction | <input type="text"/> | |

LAMP DESCRIPTION

| | | | |
|----------|----------------------|-------------------|----------------------|
| *Wattage | <input type="text"/> | *Bulb Finish | <input type="text"/> |
| *Source | <input type="text"/> | *Bulb Size | <input type="text"/> |
| *Base | <input type="text"/> | *Burning Position | <input type="text"/> |

OPTIONS

Temperature Measurements Ballast Factor Trapezoidal Curve

APPROVAL

Due Date

Authorized By _____