



# Lighting Performance Checklist: Lacrosse

Prior to being approved for a televised event, facility must submit this checklist during the championship bid process to the championship administrator. Phone: 317/917-6222.

Inspection must be completed by a qualified lighting technician using a light meter calibrated within the last 12 months.

Press "TAB" to navigate to cells to enter required data. Average light levels and uniformity values automatically calculate when data is entered from light readings at each point on the field.

Light Levels Taken In:  Footcandles  Lux

Date of Inspection: \_\_\_\_\_ Inspected By: \_\_\_\_\_

College/Organization Name: \_\_\_\_\_ Seating Capacity: \_\_\_\_\_

College/Organization Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Facility Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

### Notes:

Grid field as shown on the drawing below. Readings are taken in the middle of each square with light meter held 36 inches above ground, pointing up.

Number of grid points will vary depending on field size and layout.

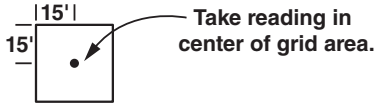
To obtain average light level value:

1. Record light level readings within each square
2. Total all readings, divide by number of grid readings taken

To obtain uniformity ratio:

1. Divide highest (maximum) light level reading by the lowest (minimum) light level reading

30' x 30' grid



### Instructions – Horizontal Light Level Readings:

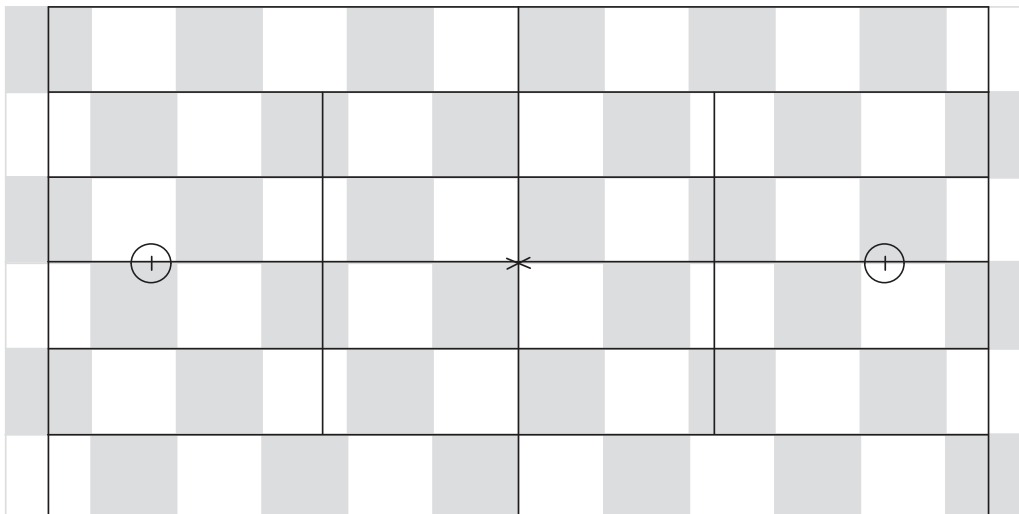
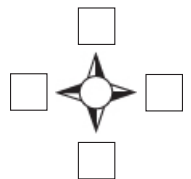
Complete for all surveys.

If outdoors, click outside the field perimeter to select approximate pole locations on the layout below.

Horizontal Light Level and Field Survey Results:	
Average light levels:	_____
Uniformity:	_____
(If outdoor) Quantity of poles:	_____
Field Size (in yards):	_____
Total # luminaires:	_____
# luminaires operational:	_____
Lamp wattage:	_____
System voltage (if available):	_____
Date lighting system installed:	_____
Lighting manufacturer:	_____
Date of last group relamp:	_____
Annual hours of operation:	_____
Light meter brand:	_____
Model #:	_____
Calibration date:	_____
Include facility photographs that may be helpful for camera or temporary lighting equipment locations, such as, end lines, press box, inside and outside facility, and overhead shot(s).	

### Field Orientation:

(Please indicate field orientation in cells around diagram to the right.)



College/Organization Name: \_\_\_\_\_

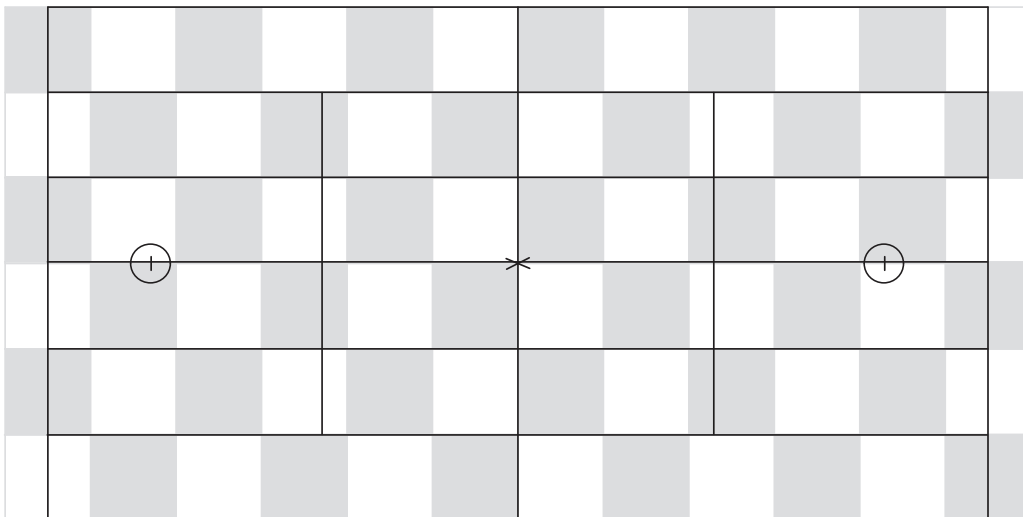
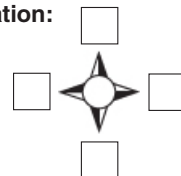
**Press Box Camera Vertical Light Level Readings:**  
**Complete only if televised levels apply.**

Readings are taken in the middle of each square with light meter held 36 inches above the ground, pointing towards center line camera.



Press Box Camera Vertical Light Level Results:
Average light levels: _____
Uniformity: _____

Field Orientation:

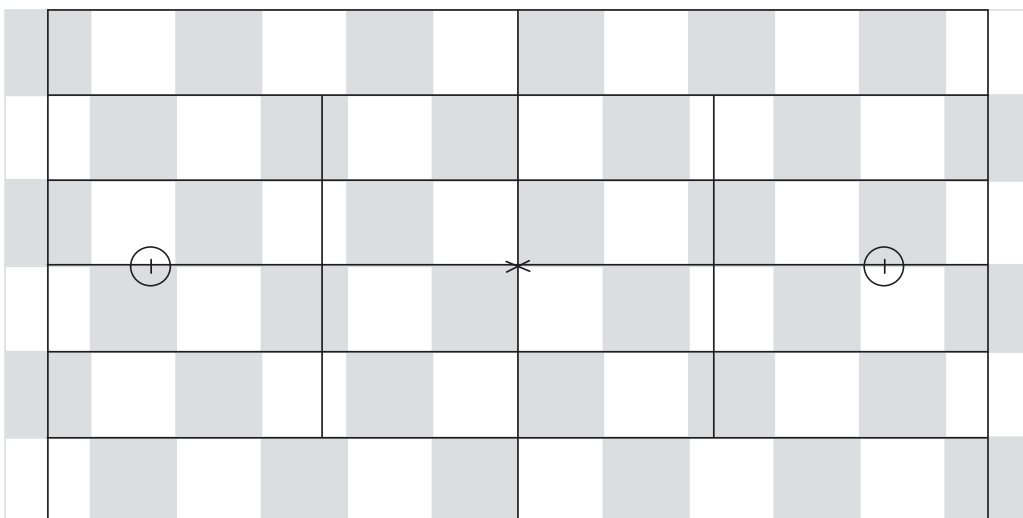
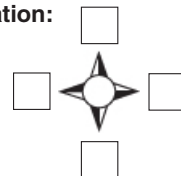


**End Line Camera Vertical Light Level Readings:**  
**Complete only if televised levels apply.**

Readings are taken in the middle of each square with light meter held 36 inches above the ground, pointing towards the end line camera.

End Line Camera Vertical Light Level Results:
Average light levels: _____
Uniformity: _____

Field Orientation:



College/Organization Name: \_\_\_\_\_

**Opposite Center Camera Vertical Light Level Readings:  
Complete only if televised levels apply.**

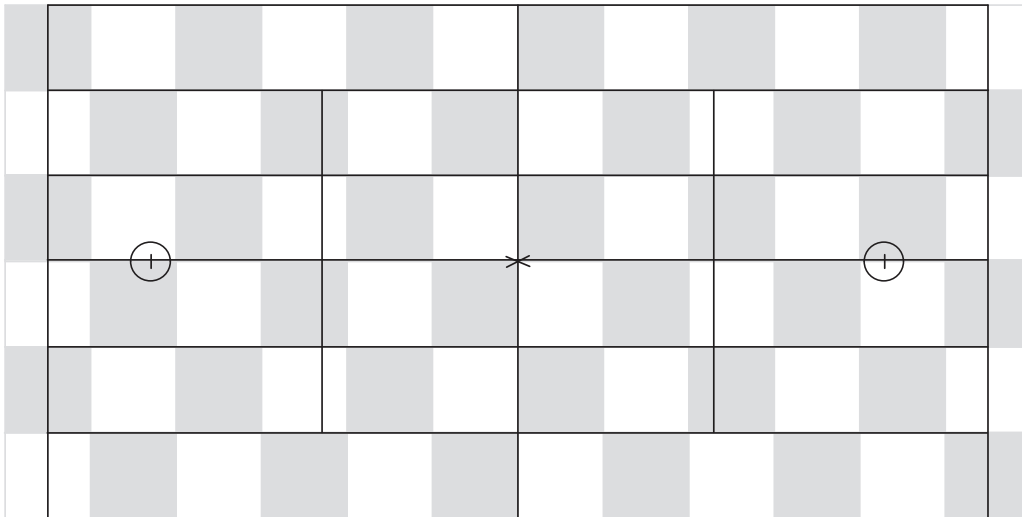
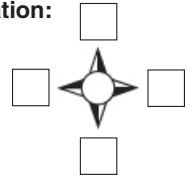
Readings are taken in the middle of each square with light meter held 36 inches above the ground, pointing towards center line camera.

**Opposite Center Camera Vertical Light Level Results:**

Average light levels: \_\_\_\_\_

Uniformity: \_\_\_\_\_

Field Orientation:



**End Line Camera Vertical Light Level Readings:  
Complete only if televised levels apply.**

Readings are taken in the middle of each square with light meter held 36 inches above the ground, pointing towards the end line camera.

**End Line Camera Vertical Light Level Results:**

Average light levels: \_\_\_\_\_

Uniformity: \_\_\_\_\_

Field Orientation:

