GRUPPO RAINA
L'unione fa la luce.

IDEALLUX® Lookup COLOMBO ITALIANARETAIL

LIGHT CALCULATION — DO.GEN.22A del 02/04/2026

Agency:	**Date:**

Company: _____

Address: _____

Name: _____ **Tel:** _____ **Mail:** _____

☐ **Interior** ☐ **Exterior**

NAME OF THE BUILDING/PROJECT	
USE OF THE AREA (if it is open or closed space)	
LUX REQUIRED (on the floor or on the desk)	
EMERGENCY LIGHTING	
COLORS OF THE ROOM (Wall. ceiling, floor)	
DIMENSIONS OF THE PLACE (W x L x h)	
INSTALLATION HEIGHT	
COMPETITORS (indicate, if available, the codes of the equipment provided by any of our competitors)	
PROJECT REQUEST DATE	
TYPE AND N° OF THE ATTACHMENTS:	

Note: For projects involving a lot of rooms (es. Hospitals, hotels, sport centers, ect) please choose and select just some test area for the calculation. Should you send any deaving, please send it as an autocad file or kindly mention every dimension.