

ELECTRICAL ANALYSIS (Continued)

6.	Proposed Site Lighting (<input checked="" type="checkbox"/> YES/___ NO)		
	(If no, do not fill in below)		
	a. Type:	Incandescent___	Fluorescent___
		Mercury <input checked="" type="checkbox"/>	
		Other _____	
	b. Existing Condition:	Good___	Average <input checked="" type="checkbox"/>
		Poor___	
		Needs Repair___	Needs Replacement___
	c. Additional Comments: N/A		
7.	Proposed Fire Alarm System (<input checked="" type="checkbox"/> YES/___ NO/___ REQUIRED)		
	(If no, do not fill in below)		
	a. Coverage	Total Coverage <input checked="" type="checkbox"/>	Partial Coverage___
	In:	Corridors <input checked="" type="checkbox"/>	Kitchen <input checked="" type="checkbox"/>
		Storage <input checked="" type="checkbox"/>	Mechanical Rooms <input checked="" type="checkbox"/>
	b. Type:	Manual Only___	Heat/Smoke Only___
		Combination <input checked="" type="checkbox"/>	
	c. Annunciation		
	- Within Building	<input checked="" type="checkbox"/> YES	___ NO
	- To Fire Dept.	<input checked="" type="checkbox"/> YES	___ NO