



# Data Logger Monitoring Form

Company Name:

Date Installed:

Project Name:

Building Type:

Date Removed:

Building SQ FT  Shifts

THIS FORM IS TO BE FILLED OUT AS THE LOGGERS ARE BEING INSTALLED. AFTER INSTALLING THE LOGGERS THEN THIS INFORMATION MUST BE ENTERED INTO THE SOFTWARE ON THE THUMBDRIVE. If you do not enter this information your loggers will be erased and all data will be

Index #	Logger Serial #	Grp #	Building	Room Location	Area Type	FIX Qty	TOTAL ROOM Load (Watts)	Comments
	EXAMPLE		Admin	Managers Office	P	2	302	2 fixtures at 151 watts each
1								
2								
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Index #	Logger Serial #	Grp #	Building	Room Location	Area Type	FIX Qty	TOTAL ROOM Load (Watts)	Comments
23								
24								
25								
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