

60 Linear Suspended

Submittal - 3 Sided Pattern

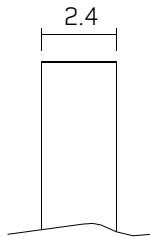
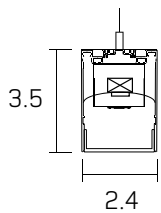
Project Name _____ SO # _____

Fixture Type _____ PO # _____

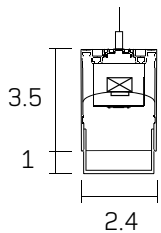


Ordering Information									
Model	Type	Length	LED ²	Color	Voltage	Power	Diffuser	Mount	Options
WG-S60LDL	P							S	
WG-S60LDL	P ¹	A x B x C	L M H	827 830 835 840 927 930 935 940	UNV	S D010 D3W DES	OD (STD) SD DOD DSD	S	
					120	DFPN			

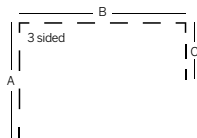
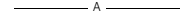
Flush Diffuser - OD / SD



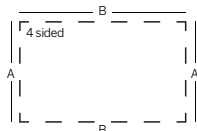
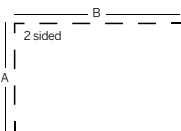
Drop Diffuser - DOD / DSD



Straight



Patterns



Luminaire

- Suspended ceiling mount.
- Easily installed internal LED tray assembly with integral driver.
- Flush snap-in opal diffuser (standard).
- Powdercoat painted white - RAL 9010.

Type

- P = Standard patterns 2, 3 or 4 sided with 90° corners¹

Length

- A, B, C = specify feet & inches to the nearest 0.25" (i.e. 6' 5.5")

LED²

- L = Low Power (3W/ft)
- M = Mid Power (6W/ft)
- H = High Power (10W/ft)

Color

80+ CRI minimum

- 827 = 2700K
- 830 = 3000K
- 835 = 3500K
- 840 = 4000K
- For 90+ CRI specify 927, 930, etc

Voltage

- UNV = 120-277V
- 120 = 120V (DFPN only)

Power Supply

- S = Standard driver, 120-277V
- D010 = Osram, 10%, 0-10V dimming, 120-277V
- D3W = Lutron, 1%, 3-wire fluorescent dimming, 120-277V
- DES = Lutron, 1%, EcoSystem E1/E2 digital dimming, 120-277V
- DFPN = Lutron 1% forward phase with neutral, 120V only

Diffuser

- OD = Flush opal diffuser (standard)
- SD = Flush satin diffuser
- DOD = Drop opal diffuser
- DSD = Drop satin diffuser

Mounting

- S = Suspended

Options

- Contact factory for emergency lighting options

1 See pattern specsheet.
2 Wattage shown does not include power supplies/drivers.

Customer Approval

Company _____

Approved

Signature _____

Approved with corrections noted

Print Name _____

Revise and Resubmit

Date _____

Original Date Submitted _____

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Submittal - 3 Sided Pattern

Project Name _____ SO # _____

Fixture Type _____ PO # _____

System	Qty.	A	B	C
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____

Customer Approval		Company _____
<input type="checkbox"/>	Approved	Signature _____
<input type="checkbox"/>	Approved with corrections noted	Print Name _____
<input type="checkbox"/>	Revise and Resubmit	Date _____

