

100 Linear Surface

Submittal - Straight Run

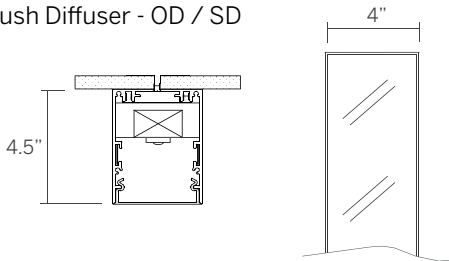
Project Name _____ SO # _____

Fixture Type _____ PO# _____



Ordering Information									
Model	Type	Length	LED ²	Color ³	Voltage	Power	Diffuser	Mount	Options
WG-SM100LDL	S							SM	
WG-SM100LDL	S	A	L M H	827 830 835 840 927 930 935 940	UNV 120	S D010 D3W DES	OD (STD) SD	SM	

Flush Diffuser - OD / SD



Luminaire

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

Type

- S = Straight run

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

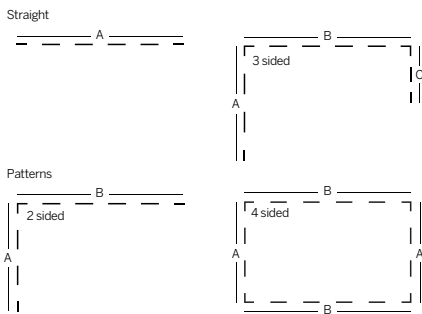
- OD = Flush opal diffuser (standard)
- SD = Flush satin diffuser

Mounting

- SM = Surface mounting

Options

- Contact factory for emergency lighting options.
- 1 See pattern specsheet.
 - 2 Wattage shown does not include power supplies/drivers.



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

Original Date Submitted _____

100 Linear Surface

Submittal - Straight Run

Project Name _____ SO # _____

Fixture Type _____ PO# _____

System	Qty.	'A'
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____
11	_____	_____
12	_____	_____
13	_____	_____
14	_____	_____
15	_____	_____

Customer Approval Company _____

Approved Signature _____

Approved with corrections noted Print Name _____

Revise and Resubmit Date _____

