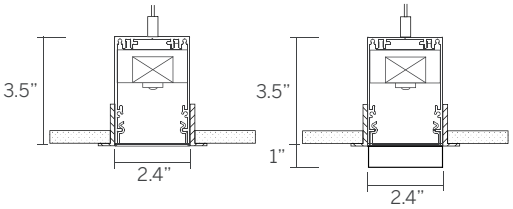
60 Linear Bezel

Submittal - 4 Sided Pattern

inter•lux

Project Name _____ SO # _____

Fixture Type _____ PO# _____



Ordering Information

Model	Type	Length	LED[2]	Color[3]	Voltage	Power[4]	Diffuser	Mount	Options
WG-B60LDL	P								
WG-B60LDL bezel	P[1]	A x B x A x B	L M H	827 830 835 840 927 930 935 940	UNV 120	S D010 D3W DES DFPN	OD (STD) SD	G1 G9 GS HC	WL

Luminaire

- Bezel trim for drywall ceilings and walls.
- Installation from below for remodel or new construction.
- 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

- P = Standard patterns 2, 3 or 4 sided with 90° corners[1]

Length

- A, B, C = specify feet & inches to the nearest 0.25" (i.e. 6' 5.5")
- cut-out = fixture length + .25"
- cut-out width = 2.6"

LED[2]

- 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

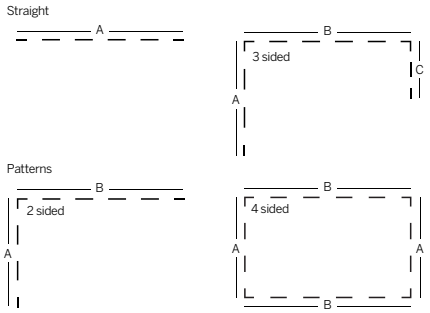
Mounting

- G1 = 15/16" grid
- G9 = 9/16" grid
- GS = slot grid
- HC = hard ceiling

Options

- WL = Wet location (requires recessed installation in protected canopy)
- Contact factory for emergency lighting options.

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



Customer Approval	
☐ Approved	Company _____
☐ Approved with corrections noted	Signature _____
☐ Revise and Resubmit	Print Name _____
	Date _____

Original Date Submitted _____

60 Linear Bezel

Submittal - 4 Sided Pattern

Project Name _____ SO # _____

Fixture Type _____ PO# _____

System	Qty.	A	B
1			
2			
3			
4			
5			

Customer Approval

Company _____

☐ Approved

Signature _____

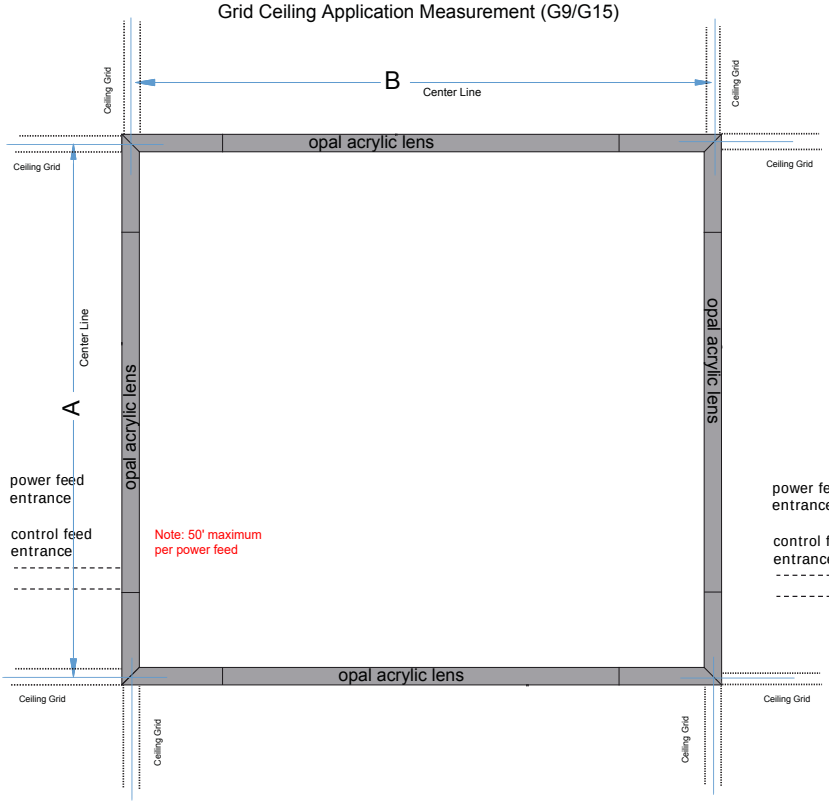
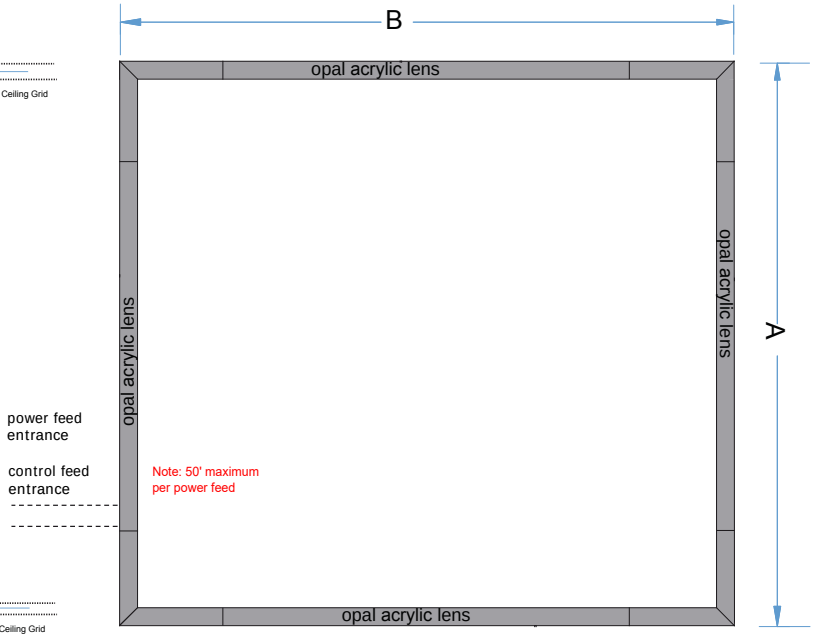
☐ Approved with corrections noted

Print Name _____

☐ Revise and Resubmit

Date _____

Grid Ceiling Application Measurement (G9/G15)



Hard Ceiling Application Measurement