

Part 1 – Lighting Installation Summary		(* Please delete, if not applicable)	Page ___ of ___
Name of Building / Unit / Common Area * _____ _____			
Address of Building / Unit / Common Area * _____ _____			
Date of Declaration by Registered Energy Assessor in Form EE2 / EE3 / EE4 * _____			
Documents submitted (Please tick where applicable)			No. of sheets
<input type="checkbox"/> Form EE-LG Part 1 : Lighting Installation Summary			
<input type="checkbox"/> Form EE-LG Part 2 : Lighting Power Density & Lighting Control Point Worksheet			
<input type="checkbox"/> Form EE-LG Part 3 : Lighting Installation as Specified in Item 6 of Schedule 2			
<input type="checkbox"/> Form EE-LG Part 4 : Automatic Lighting Control Worksheet			
<input type="checkbox"/> Form EE-LG Part 5 : Space Annual Lighting Energy Consumption			
<input type="checkbox"/> Form EE-LG Part 6 : Declaration			
<input type="checkbox"/> Layout drawings showing the lighting installation governed by BEC			
<input type="checkbox"/> A drawing list indicating the title and reference number of each drawing			
<input type="checkbox"/> Others (Please give details) _____			
Remarks (applicable to Parts 1 to 5) :- 1) Ref. Nos. of all equipment, systems, spaces etc. in this Form should be consistent with the Ref. Nos. shown in drawings. 2) Lighting layouts should : <ul style="list-style-type: none"> ▫ include a luminaire schedule to show the symbol, reference number, lamp type (such as but not limited to T5 tubular fluorescent, T8 tubular fluorescent, compact fluorescent, metal halide, light emitting diode, high pressure sodium, etc) and power consumption (including lamp & control gear) of each luminaire; ▫ show, in each space, all newly installed / retrofitted lighting installation <ul style="list-style-type: none"> - governed by the LPD requirement in BEC Table 5.4; and/or - solely used for (a) illumination of an exhibit or product on display, (b) decoration, (c) visual production, or (d) any combination of the purposes specified in (a), (b) and (c); ▫ show the lighting control points that control the on/off of lighting installation installed in each space; ▫ show the assigned lighting control zones with the area of each lighting zone indicated and supplement with layout/section and to identify the area of the relevant fenestration on exterior wall and/or the area of the relevant overhead skylight on plan and elevation, as appropriate; ▫ identify each space by its Name of space / space Ref. No, which should be same as shown in this Form; and ▫ indicate the lighting installation not governed by the BEC, if shown on the drawing, with an appropriate symbol, marking or colouring different from the ones governed. 3) All documents including this Form are for demonstration of compliance with the BEC for the lighting installation, and should cover all the relevant items governed by the BEC in respect of the lighting installation.			

(Please refer to Section 5, Code of Practice for Energy Efficiency of Building Services Installation 2021 Edition)

Part 1 – Lighting Installation Summary

(* Please delete, if not applicable)

Page ___ of ___

- 4) Should space provided in this Form be inadequate, please provide details with clear cross-referencing on separate sheets and attach to this Form.
- 5) Descriptions and numbering of each installation, system, equipment, building block, floor, room, space etc. in each of Forms EE-LG, EE-AC, EE-EL, EE-LE & EE-PB, should such appear in more than one type of Form, should be **identical**.
- 6) **Any incomplete or erroneous information in this Form may render this Form being regarded invalid.**

(Please refer to Section 5, Code of Practice for Energy Efficiency of Building Services Installation 2021 Edition)

Part 3 – Lighting Installation as Specified in Item 6 of Schedule 2 (Please tick where applicable)

Page ___ of ___

Any space governed by the lighting power density requirement (LPD) in BEC Table 5.4 and installed with lighting installation as specified in item 6 of Schedule 2 of the Ordinance*1 ?

- Yes (if yes, please provide information in table below)
- No

Drawing No. of lighting layout	Name of space / Space Ref. No.	Purpose of the lighting installation *1 *2 (please tick(s) where applicable)	Area of space (m ²)	Installed LPD (W/m ²)	Independent lighting control for lighting to which the Ordinance is not applicable? (BEC clause 5.5.4)
(Please insert additional row if necessary)					
		<input type="checkbox"/> (a) <input type="checkbox"/> (b) _____ <input type="checkbox"/> (c)			<input type="checkbox"/> Yes
		<input type="checkbox"/> (a) <input type="checkbox"/> (b) _____ <input type="checkbox"/> (c)			<input type="checkbox"/> Yes
		<input type="checkbox"/> (a) <input type="checkbox"/> (b) _____ <input type="checkbox"/> (c)			<input type="checkbox"/> Yes
		<input type="checkbox"/> (a) <input type="checkbox"/> (b) _____ <input type="checkbox"/> (c)			<input type="checkbox"/> Yes
		<input type="checkbox"/> (a) <input type="checkbox"/> (b) _____ <input type="checkbox"/> (c)			<input type="checkbox"/> Yes
		<input type="checkbox"/> (a) <input type="checkbox"/> (b) _____ <input type="checkbox"/> (c)			<input type="checkbox"/> Yes
		<input type="checkbox"/> (a) <input type="checkbox"/> (b) _____ <input type="checkbox"/> (c)			<input type="checkbox"/> Yes
		<input type="checkbox"/> (a) <input type="checkbox"/> (b) _____ <input type="checkbox"/> (c)			<input type="checkbox"/> Yes
		<input type="checkbox"/> (a) <input type="checkbox"/> (b) _____ <input type="checkbox"/> (c)			<input type="checkbox"/> Yes
		<input type="checkbox"/> (a) <input type="checkbox"/> (b) _____ <input type="checkbox"/> (c)			<input type="checkbox"/> Yes
		<input type="checkbox"/> (a) <input type="checkbox"/> (b) _____ <input type="checkbox"/> (c)			<input type="checkbox"/> Yes
		<input type="checkbox"/> (a) <input type="checkbox"/> (b) _____ <input type="checkbox"/> (c)			<input type="checkbox"/> Yes
		<input type="checkbox"/> (a) <input type="checkbox"/> (b) _____ <input type="checkbox"/> (c)			<input type="checkbox"/> Yes
		<input type="checkbox"/> (a) <input type="checkbox"/> (b) _____ <input type="checkbox"/> (c)			<input type="checkbox"/> Yes

Remark (applicable to Part 3) :-

- *1 Item 6 of Schedule 2 of the Ordinance includes special lighting installation that is solely used for - (a) illumination of an exhibit or product on display; (b) decoration; (c) visual production; or any combination of the purposes specified in (a), (b) and (c).
- *2 Identify objects / features / elements that served by the decoration lighting on the space provided when ticking (b). When ticking (b), site photos and photomontage showing the lighting effect are attached with this form.

(Please refer to Section 5, Code of Practice for Energy Efficiency of Building Services Installation 2021 Edition)

Part 4 – Automatic Lighting Control (BEC Clause 5.6 and Table 5.4)

Page ___ of ___

Space(s) governed by the automatic lighting control requirement (BEC Table 5.4)			Automatic Lighting control (BEC Clauses 5.6.1) (please tick where applicable)		Daylight Responsive Control (BEC Clause 5.6.2 and 5.6.3) (please tick where applicable)		
Drawing No. of lighting layout	Name of space / Space Ref. No. *1	Area of space (m ²)	Type of control device deployed *2	Manual override provided	Daylight responsive control provided	Area (or Total Area) of: *3	
						Fenestration (m ²)	Assigned lighting zone(s) (m ²)
			<input type="checkbox"/> (a) _____ <input type="checkbox"/> (b) <input type="checkbox"/> (c) _____	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> N/A		
			<input type="checkbox"/> (a) _____ <input type="checkbox"/> (b) <input type="checkbox"/> (c) _____	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> N/A		
			<input type="checkbox"/> (a) _____ <input type="checkbox"/> (b) <input type="checkbox"/> (c) _____	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> N/A		
			<input type="checkbox"/> (a) _____ <input type="checkbox"/> (b) <input type="checkbox"/> (c) _____	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> N/A		
			<input type="checkbox"/> (a) _____ <input type="checkbox"/> (b) <input type="checkbox"/> (c) _____	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> N/A		
			<input type="checkbox"/> (a) _____ <input type="checkbox"/> (b) <input type="checkbox"/> (c) _____	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> N/A		
			<input type="checkbox"/> (a) _____ <input type="checkbox"/> (b) <input type="checkbox"/> (c) _____	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> N/A		
			<input type="checkbox"/> (a) _____ <input type="checkbox"/> (b) <input type="checkbox"/> (c) _____	<input type="checkbox"/> Yes <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> N/A		

Remarks (applicable to Part 4) :-

- *1 Please indicate the space Ref No. / name of space on the relevant drawing. Exclude spaces each with total electrical power consumed by the complete fixed lighting installation of 150W or below (BEC Clause 5.6.1.1), but such exception is not applicable to the lighting installation on lift car (BEC Clause 5.6.1.7).
- *2 Tick (a) for automatic time scheduling device. Please identify the type of control (e.g. By BMS, programmable timer, etc.) and the anticipated off-hour duration. Tick (b) for deploying occupant sensor. Tick (c) for other device as identified on the space provided.
- *3 Please insert total area for multiple discrete fenestrations or series of fenestration within the space. Please indicate the total of all the lighting zone areas within the space.

(Please refer to Section 5, Code of Practice for Energy Efficiency of Building Services Installation 2021 Edition)

Part 6 – Declaration

I, Registered Energy Assessor, hereby declare that all the information contained in this form and in the substantiation materials attached have been thoroughly examined and well prepared to demonstrate the compliance with the Building Energy Code.

I understand that any missing information, inconsistency and incorrectness on the submitted materials / information may result in jeopardizing the approval process and having the entire submission been rejected.

Name of
the REA:

Registration
No.:

Signature of
the REA

Date:

DD / MM / YYYY