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| **PERÍODO:** |  | |  | | |  |  |  | **Tiempo de uso promedio (horas/día)** | | |
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| **Edificio/ Área/**  **Nivel** | **¿Tiene ventanales?**  **SI/NO** | **¿Es suficiente la luz natural?**  **SI/NO** | **¿Tiene circuitos indepen-dientes?**  **SI/NO** | **Descripción del equipo**  **(luminarias)** | **Potencia**  **(W)** | **Cantidad de luminarias** | **Operación en demanda máxima SI/NO** | **Turnos de trabajo** | **Lun-Vie** | **Sáb** | **Dom** |
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