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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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