



MEASUREMENT LED OUTPUT CHECKLIST

LOCATION DESCRIPTION: _____

DATE: _____ CITY _____ MARKET _____

TIME STARTED: _____ SUNSET _____ ADDRESS: _____

TIME ENDED: _____ LOC NICKNAME: _____

Board # _____ FACING: _____

INSTALL DATE: _____ END USEFUL LIFE

OAAA MEMBER SIGN OPERATOR _____

LED MANUFACTURER _____

GENERATION

FACE SIZE OF LED _____ x _____ RESOLUTION mm

HEIGHT OF STRUCTURE _____

HAS LED BEEN CLEANED PER MANUFACTURER SPECS? _____

HAS LED BEEN RECALIBRATED BY LED MANUFACTURER? _____

DISTANCE FROM FACE MEASURED FROM _____

MEASURED PEPENDICULAR (LEFT TO RIGHT) TO FACE? Y OR N

IF NOT GIVE ANGLE

MEASURED AT HORIZONTAL PLANE AT MIDDLE OF FACE? Y OR N

IF NOT GIVE ANGLE

WARNING: IF THE ANSWERS TO THE ABOVE QUESTIONS ARE NO, YOU WILL NOT ACHIVE ACCURATE NIT READINGS

PERSONS TAKING PART IN MEASUREMENT: _____

BRAND AND NAME OF NIT GUN USED: _____

LAST DATE OF NIT GUN CALIBRATION (IF KNOWN) _____

1. TEST PERFORMED WITH SOLID COLORS _____

NITS RED _____

NITS GREEN _____

NITS BLUE _____

NITS WHITE _____

NITS BLACK _____

2. SECOND TEST PERFORMED WITH SOLID COLORS (IF APPLICABLE) _____

NITS RED _____

NITS GREEN _____

NITS BLUE _____

NITS WHITE _____

NITS BLACK _____