Household Lighting Inventory

Name:_____
Per:_____

Work together with other members of your household to estimate your lighting usage!

Light Bulb Location	# Bulbs	Bulb type *Incandescent or Fluorescent*	Bulb Power (Watts)	Bulb Power (kilowatts)	Hours per day (hrs)	Hours per month (hrs)	Total energy per month (kWh)

TOTAL Monthly Lighting Energy usage: _____ kWh

x COST per kWh: $_____

TOTAL Monthly Lighting Cost: $_____