

FRESNEL LENS DATA COLLECTION FORM

Lighthouse	Number	Characteristic	Order
Lighthouse Location			
Latitude: _____ Longitude: _____ Area: _____ Country Code: _____			
Current Location			
Town: _____ Area: _____ Country Code: _____ Contact Name: _____ Contact Address: _____ Current Use Code: _____			
Lens Manufacturer			
Manufacturer: _____ Mfg. Number: _____ Year Made: _____			
Lens Details			
Lens Style: _____ Focal Length: _____ No. of Dioptric Lens Panels: _____ Degrees of Coverage: _____ No. of Elements / Dioptric Panel: _____ No. of Upper Catadioptric Panels: _____ Degrees of Coverage: _____ No. of Prisms / Upper Panel: _____ No. of Lower Catadioptric Panels: _____ Degrees of Coverage: _____ No. of Prisms / Lower Panel: _____ Color Panels Used: Y N			
Reflector			
Reflector Used: Y N Reflector Type: _____ Reflector Material: _____ Degrees of Coverage: _____			
Lens Rotation			
Suspension Type: _____ Rotation Drive Type: _____			
Data Collection Information			
Assessor: _____ Date of Assessment: _____ YYYY-MM-DD	Organization: _____ Verified by: _____		