

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**BLM 5-7**

## LED Home Audit

Bo conducted an LED audit of her family's apartment. She recorded her observations in the table below.

Location in Home	Electric Device	Number of LEDs
Kitchen	microwave oven	several in time display
	coffee maker	1
	stove	several in time display
Living room	CD player	1
	DVD player	1
	power bar	1
	television	1
Bedroom	computer	1
	clock radio	several in time display
Other	carbon monoxide detector	1
	smoke detector	1
	answering machine	1
	portable telephone	1
	security system	1
	LED reading lamp	3