

EMERGENCY LIGHTING TEST RECORD

INSPECTED BY:	DATE & TIME:
TELEPHONE:	EMAIL:

NO.	LOCATION	RESULTS CORRECT		FAULT & ACTION TAKEN
1		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
2		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
3		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
4		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
5		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
6		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
7		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
8		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
9		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
10		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
11		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
12		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
13		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
14		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
15		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
16		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
17		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
18		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
19		<input type="checkbox"/> YES	<input type="checkbox"/> NO	
20		<input type="checkbox"/> YES	<input type="checkbox"/> NO	

COMMENTS:	NEXT TEST DUE:
	SIGNATURE: