EMERGENCY LIGHT CHECK SHEET

Please complete one of these forms for <u>each</u> emergency light that you have in your business. Save the forms for review by the Fire Marshal during your Annual Fire Safety Inspection. Thank you.

BUSINESS NAME				
LOCATION OF EMERGENCY LIGHT				
TEST LIGHTS EVERY 30 DAYS (30 SECOND TEST)				
DATE TESTED	**LIGHT OPERATED**	**LIGHT FAILED**	**DATE REPAIRED**	**SIGNATURE**
ANNUAL TEST (1.5 HOUR TEST)				
DATE TESTED	**LIGHT OPERATED**	**LIGHT FAILED**	**DATE REPAIRED**	**SIGNATURE**