## **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