ANNUAL EMERGENCY LIGHTING INSPETION

1. WERE ALL THE ROOM ACCESSIBLE? Yes or No

   If no, which rooms were inaccessible and Why?

2. Were all Exit and /or Emergency Lights Services and Inspected? Yes or NO
3. All the lights/devises tested have passed inspection with the corrective actions listed above with the exception of the following devises:

   (List devises requiring further service)

4. Store Location:

5. Date of Completion:

#	Location	Model	Manufacturer	Type Emergency Exit/ Combination/ Panic Bar	Fixture Wattage & Volt	Charger Float Voltage (VDC)	Battery Voltage (VDC)	List Battery and Bulb Replaced?	Remaining Deficiencies (Y) or (N)	(P) Pass (F) Fail	Notes

ANNUAL EMERGENCY LIGHTING INSPETION (cont.)

#	Location	Model	Manufacturer	Type Emergency Exit/ Combination/ Panic Bar	Fixture Wattage & Volt	Charger Float Voltage (VDC)	Battery Voltage (VDC)	List Battery and Bulb Replaced?	Remaining Deficiencies (Y) or (N)	(P) Pass (F) Fail	Notes