



### EMERGENCY LIGHT CHECK SHEET

Please complete one of these forms for each 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                       |                          |                          |               |           |
| <b>TEST LIGHTS EVERY 30 DAYS (30 SECOND TEST)</b> |                          |                          |               |           |
| DATE TESTED                                       | LIGHT OPERATED           | LIGHT FAILED             | DATE REPAIRED | SIGNATURE |
|   | <input type="checkbox"/> | <input type="checkbox"/> |               |           |
|   | <input type="checkbox"/> | <input type="checkbox"/> |               |           |
|   | <input type="checkbox"/> | <input type="checkbox"/> |               |           |
|   | <input type="checkbox"/> | <input type="checkbox"/> |               |           |
|   | <input type="checkbox"/> | <input type="checkbox"/> |               |           |
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|   | <input type="checkbox"/> | <input type="checkbox"/> |               |           |
|   | <input type="checkbox"/> | <input type="checkbox"/> |               |           |
|   | <input type="checkbox"/> | <input type="checkbox"/> |               |           |
| <b>ANNUAL TEST (1.5 HOUR TEST)</b>                |                          |                          |               |           |
| DATE TESTED                                       | LIGHT OPERATED           | LIGHT FAILED             | DATE REPAIRED | SIGNATURE |
|   | <input type="checkbox"/> | <input type="checkbox"/> |               |           |