Inspection, Testing and Maintenance of Unit Equipment for Emergency Lighting

Service Company	Date of Service	Time	Page _____of_____
	Monthly ☐	Annual ☐	Last Service Date
	Manufacturer:		Model #
	Contact Person:		Phone: Fax:
Building Name:	Owner:		Phone: Fax:
Address:	City:		Postal Code:

"√" Yes - Acceptable "X" No - Unacceptable (Explain NO answers in comments)

	Monthly Inspection and Tests						Annual Tests		Time		Comments
Location of Unit	**A**	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**On**	**Off**	

Monthly Tests		Annual Tests
A - Pilot lights are functioning?	**D** - Battery surface clean and dry?	**G** - Test to ensure lights function for a duration equal to design criteria?
B - Terminal connections clean - lubricated?	**E.** Electrolyte level and specific gravity, OK?	**H** - Test charging conditions for voltage & current recovery period
C - Terminal clamps clean and tight?	**F** - Test to ensure light function - power loss?	to ensure charging system is functioning.

I state that the information on this form is correct at the time and place of my inspection, and that all equipment was tested in conformance with applicable codes and the Manufacturers requirements and at this time was left in operational condition upon completion of this inspection except as noted in comments.

Technician Stamp	Date	Time	Owner or Authorized Agent