

For Year: _____

EMERGENCY LIGHTING UNIT MAINTENANCE LOG

Name of Occupancy: _____

Address: _____ Community: _____

Main Building: Yes No Name of Ancillary Building: _____
(if applicable)

MONTH	DATE	LOCATION OR POWER PACK UNIT NUMBER	TEST TYPE		REMEDIAL ACTION	COMMENTS
			DIP SWITCH	POWER FAIL		
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						

Annual Test Date: _____

Done By: _____