

For Year: _____

ILLUMINATED EXIT SIGNS MAINTENANCE LOG

Name of Occupancy: _____

Address: _____ Community: _____

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

EXIT SIGN LOCATION OR NUMBER: _____

MONTH	DATE	CONDITION		BACK-UP ILLUMINATION		REMEDIAL ACTION	COMMENTS	INITIALS
		Satisfactory	Un-satisfactory	Y	N			
January								
February								
March								
April								
May								
June								
July								
August								
September								
October								
November								
December								

Annual Test Date: _____

Done By: _____