

# ***FIRE PREVENTION MONTHLY LOG***

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: \_\_\_\_\_