Emergency Lighting Test Record

Record monthly functional flick tests and annual 3-hour duration tests of emergency lighting fittings.

Test details

Site name *	
Site address	
Date *	_____ / _____ / _____
Time	_____ : _____
Test type *	☐ Monthly functional test ☐ Annual full duration test (3 hours)
Tested by *	

Fittings

Fitting reference / location *	Type *	Result *	Fault details	Fault photo

Sign-off

All fittings operated correctly? *	☐ Yes ☐ No
Additional comments	
Tester name *	
Tester signature *	
Date signed *	_____ / _____ / _____

* Required