## **EMERGENCY LIGHTS INSPECTION CHECKLIST**

Frequency: Weekly	(Every Saturday)	)				
Floor/Unit:						
Inspection Date:						
Location	Start Time	Stop Time	Evaluation		Recommendation	
Location	Start Time	Stop Time	Pass	Fail	Recommendation	
Inspection Criteria "Push-button" test sh		by pressing the "t	est" button o	n the unit by hold	ing it for 1 minute	
If the device does no	ot light, or the lamps	are dim, or if it fai	ls to light at fo	ull brilliance for 1	minute, the unit should	
•						
Inspector's Name	and Signature:			-		
Noted by:				Confirmed by:		
, .			-		QA	