EMERGENCY LIGHTS INSPECTION CHECKLIST

Frequency: Weekly	(Every Saturday)				
Floor/Unit:					
Inspection Date:					
Location	Start Time	Stop Time	Evaluation		
			Pass	Fail	Recommendation
Inspection Criteria	<i>:</i>	l	1		
"Push-button" test sh					
	t light, or the lamps	are dim, or if it fa	ils to light at	full brilliance for 1	1 minute, the unit should
be replaced.					
Inspector's Name a	and Signature:				
				_	
Noted by:			_	Confirmed by	
	07 04 (00)5 *****				"SUPERCEDED COPY FO
HMHS Form No. EXEC-07 - 01 (06/04/18)					REFERENCE USE ONLY