

Exit/Emergency Lighting Test Log

Building Name: _____ Page _____ of _____

Date	Location	Pass / Fail	Action Taken / Remarks
		Pass / Fail	
		Pass / Fail	
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		Pass / Fail	

(File completed form with your building records and submit a copy by mail or fax to EH&S)

Submitted by: (Print) _____ Date: _____
Fire Safety Coordinator

(sign) _____
Fire Safety Coordinator

Received by: _____ Date: _____