



EXIT SIGN / EMERGENCY LIGHTING TEST LOG

YEAR: _____

BUSINESS NAME: _____

TEST MONTH	ACTUAL TEST DATE	INDICATE TESTING DURATION (30 sec or 1 hr)	# OF LIGHT UNITS OPERATIONAL	# OF LIGHT UNITS DEFECTIVE	LOCATION # OF DEFECTIVE LIGHT UNITS	DATE REPAIRED	COMMENTS	PRINT NAME OF TESTER
JAN								
FEB								
MAR								
APR								
MAY								
JUNE								
JULY								
AUG								
SEPT								
OCT								
NOV								
DEC								

TESTING: Required emergency lighting systems including exit signs shall be tested for proper operation for a minimum of 30 seconds every month. An annual test shall be conducted for at least 1 hour. Equipment shall function properly for the duration of these tests.

RECORDS: A written record of tests and maintenance shall be kept of premises at all times. A copy shall be provided to the **Bridgewater Fire Safety Office at 10 Commons Way Bridgewater NJ 08807 or Email: fireofficial@bridgewaternj.gov**