



DELTRAN FIRE DEPARTMENT
 FIRE PREVENTION BUREAU
 P.O. Box 1007, DELTRAN, NJ 08075
 Office: 856-461-5474 Fax: 856-461-9005
 EMAIL: LEA@DELTRANFIRE.ORG



EMERGENCY LIGHTING SYSTEMS TEST RECORD SHEET

ANNUAL TESTING OF EMERGENCY LIGHTING SYSTEM WAS CONDUCTED ON:

_____ At _____ By _____

AND FOUND SYSTEM REMAINED FUNCTIONAL FOR THE DURATION OF AT LEAST (1) ONE HOUR. **YES or NO** (circle one)

MONTHLY 30 SECOND TEST

EXIT SIGN EMERGENCY LIGHTS TESTED BY EXPLAIN "NO"

Please write in YES for pass and NO Fail please explain location, reason for the NO answer.

January	_____	_____	_____	_____
February	_____	_____	_____	_____
March	_____	_____	_____	_____
April	_____	_____	_____	_____
May	_____	_____	_____	_____
June	_____	_____	_____	_____
July	_____	_____	_____	_____
August	_____	_____	_____	_____
September	_____	_____	_____	_____
October	_____	_____	_____	_____
November	_____	_____	_____	_____
December	_____	_____	_____	_____