M	Emerg
	Batt Lights

BATTERY EMERGENCY LIGHTS - MONTHLY TESTING (Health Care & Ambul)

1. INSPECTOR

Name:

Organization:

2. FACILITY

Name:

3. DATE

4. FUNCTIONAL TESTS (per Life Safety Code, NFPA 101-2000 ed, 7.9.3)

1. MUST Test at max 30 day interval from the previous month

2. Push test switch and ensure that the battery light remains lited for no less than 30 seconds (time)

ID # Name	Type Device	Location	Results Pass	Fail	If Devices Fails, Enter Corrective Action
			❑	❑	
			❑	❑	
			❑	❑	
			❑	❑	
			❑	❑	
			❑	❑	
			❑	❑	
			❑	❑	
			❑	❑	
			❑	❑	
			❑	❑	
			❑	❑	
			❑	❑	
			❑	❑	
			❑	❑	
			❑	❑	
			❑	❑	
			❑	❑	
			❑	❑	
			❑	❑	
			❑	❑	
			❑	❑	
			❑	❑	

M	Emerg
	Batt Lights

BATTERY EMERGENCY LIGHTS - MONTHLY TESTING (Health Care & Ambul)

1. INSPECTOR

Name: _____

Organization: _____

2. FACILITY

Name: _____

3. DATE _____

4. FUNCTIONAL TESTS (per Life Safety Code, NFPA 101-2000 ed, 7.9.3)

ID # Name	Type Device	Location	Results		If Devices Fails, Enter **Corrective Action**
			Pass	**Fail**	
			❑	❑	
			❑	❑	
			❑	❑	
			❑	❑	
			❑	❑	
			❑	❑	
			❑	❑	
			❑	❑	
			❑	❑	
			❑	❑	
			❑	❑	
			❑	❑	
			❑	❑	
			❑	❑	
			❑	❑	
			❑	❑	
			❑	❑	
			❑	❑	
			❑	❑	
			❑	❑	
			❑	❑	
			❑	❑	
			❑	❑	