

# Emergency lighting Inspection checklist

Format No.:

Month: \_\_\_\_\_ Area / Location: \_\_\_\_\_ Frequency: \_\_\_\_\_

INSPECTION	Capacity (Volt)	OBSERVATION
Check Units numbered		
Check Units in safe position and location		
Check General condition of units		
Check Cleanliness – free of dust, paint etc.		
Check Lights in working order		
Check Glass clean and not cracked.		
Check Lights activate when electricity goes off.		
Check Electric switch, plug, cable and wiring in order		
INSPECTORS NAME & SIGNATURE	SAFETY OFFICER SINGATURE	ENVIRONMENT HEALTH & SAFETY – MANAGER