Business Name: _____ **YEAR:**_____

Address: _____

MONTHLY TEST OF EXIT AND EMERGENCY LIGHTS AND CO ALARMS LOG

#, Location & Type	JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	1 Hr Annual Test

Comments:

GUIDE: OK, N/R - Needs Repair
Test for Emergency and Exit Lights - 20 seconds each month and 1 hour annually
Test for Carbon Monoxide Alarms - As per Manufactuer

Revised 6/5/18