







Maintenance and Operation Department

Emergency Lighting Tracking Form

Building											
Name &											
Number											
Inspection											
Date											
Number	Lamps		Elect. Generator		Battery		Lightening starter		Nearest		
									Room	Notes	Recommendation
									Number		
	good	damaged	good	Damaged (burnt)	good	damaged	good	Damaged (burnt)			
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Number:	Date:
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