

Important Notice

This form is intended solely as a record of routine emergency lighting testing. It is not a fire risk assessment, does not certify compliance, and must not be relied upon to determine whether the emergency lighting installation is adequate for the premises. It cannot confirm system design, coverage, illuminance levels, rated duration, battery condition, or installation quality. Where defects are identified or compliance is uncertain, advice should be obtained from a suitably competent person.

This record is intended for premises where a monthly functional check of the emergency lighting forms part of the fire-safety arrangements. It covers two different activities, carried out by different people, and keeps them apart:

The monthly functional check may be recorded by the person carrying out the routine check.

The annual full-duration test and associated maintenance should be undertaken and documented in accordance with the system's design, the manufacturer's instructions, applicable guidance and competent maintenance arrangements. This document records that it happened. **It does not tell you how to carry it out, and it is not written for someone doing it for the first time.**

Monthly emergency lighting test record

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Premises:

Address:

Responsible person:

System type (self-contained / central battery / mixed):

Rated duration (from the system design — commonly 1 or 3 hours): _____ hours

Number of luminaires and exit signs covered:

Year covered:

Standing instruction — the monthly functional check only

Monthly functional check. Operate the test facility for each luminaire and exit sign long enough to confirm it illuminates and that any charging indicator shows normal operation in accordance with the manufacturer's instructions. Restore the supply and confirm the charging indicator returns to normal.

Any luminaire that fails, flickers, is missing or is obscured is a defect. Record it, report it, and record what you did in the meantime.

Follow your own premises arrangements, the system instructions and your fire risk assessment. If you do not know where the test facility is, or what the charging indicators on your system should look like, ask before operating anything.

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Monthly functional check grid

Premises: _____

Year covered: _____

Month	Date	No. of luminaires checked	All illuminated? Y/N	Charging indicators normal after check? Y/N	Failures (reference / location)	Reported to	Date reported	Checked by
January								
February								
March								
April								
May								
June								
July								
August								
September								
October								
November								
December								

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Annual full-duration test record

The annual full-duration test discharges the batteries, and the system will not provide its rated duration again until they have recharged. It is arranged and carried out under your competent maintenance arrangements, at a time when the premises can tolerate reduced emergency lighting cover. **This page records the result. It is not a method statement and it is not authority for an untrained person to run the test.**

Record the duration actually achieved, not "pass".

Test 1

Date: _____ Carried out by (name):

Organisation:

Carried out under (contract / maintenance arrangement):

Rated duration from the system design: _____ hours

Duration actually achieved: _____ hours _____ minutes

All luminaires and signs still illuminated at the end? Y/N

Failures (reference / location):

Date recharge confirmed complete:

Certificate or report reference:

Received and filed by: _____ Date:

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Test 2

Date: _____ Carried out by (name):

Organisation:

Carried out under (contract / maintenance arrangement):

Rated duration from the system design: _____ hours

Duration actually achieved: _____ hours _____ minutes

All luminaires and signs still illuminated at the end? Y/N

Failures (reference / location):

Date recharge confirmed complete:

Certificate or report reference:

Received and filed by: _____ Date:

Test 3

Date: _____ Carried out by (name):

Organisation:

Carried out under (contract / maintenance arrangement):

Rated duration from the system design: _____ hours

Duration actually achieved: _____ hours _____ minutes

All luminaires and signs still illuminated at the end? Y/N

Failures (reference / location):

Date recharge confirmed complete:

Certificate or report reference:

Received and filed by: _____ Date:

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Luminaire schedule

Complete once, then use the references in the grids above. Without this, "luminaire 14 failed" means nothing to the next person.

Premises: _____ Sheet ____ of

Ref	Location	Type (maintained / non-maintained)	Function (escape route / open area / high risk task / exit sign)	Installed date	Notes

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Defects and actions log

[illegible]

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