



FIRE ALARM & EMERGENCY LIGHTS SYSTEM TEST LOG

Submit at end of year to:
 Department of Safety, Environment
 and Hazards Management
 Mail Code: 9114

School Year 20____ - 20____

NAME OF FACILITY: _____ LOCATION NUMBER: _____

Dates Tested: Fire Alarm (at least once quarterly) --- Emergency Lights (at least once monthly)					
JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
Fire Alarm	Fire Alarm	Fire Alarm	Fire Alarm	Fire Alarm	Fire Alarm
Emergency Lights	Emergency Lights	Emergency Lights	Emergency Lights	Emergency Lights	Emergency Lights

Dates Tested: Fire Alarm (at least once quarterly) --- Emergency Lights (at least once monthly)					
JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
Fire Alarm	Fire Alarm	Fire Alarm	Fire Alarm	Fire Alarm	Fire Alarm
Emergency Lights	Emergency Lights	Emergency Lights	Emergency Lights	Emergency Lights	Emergency Lights

COMMENTS: _____

- NOTES:**
- 1) Fire Alarms systems are to be tested during each drill. Emergency lights are to be tested once each month.
 - 2) Retain a copy of this form for your files.

 Facility Administrator