Luminaire Ref/Location	**In Case of difficulty, contact the Installation Engineers:-**
_____	_____ Tel: _____

Full Recharge Time 24 Hours	**Duration 3 Hours**	**Lamp Type**

ROUTINE TEST RECORD

	Year 1		**Year 2**		**Year 3**		**Year 4**		**Year 5**	
Monthly Test	**Signed**	**Date**	**Signed**	**Date**	**Signed**	**Date**	**Signed**	**Date**	**Signed**	**Date**
Functional										
Functional										
Functional										
Functional										
Functional										
Functional										
Functional										
Functional										
Functional										
Functional										
Functional										
Three Hour										

Luminaire Ref/Location	**In Case of difficulty, contact the Installation Engineers:-**
_____	_____ Tel: _____

Full Recharge Time 24 Hours	**Duration 3 Hours**	**Lamp Type**

ROUTINE TEST RECORD

	Year 1		**Year 2**		**Year 3**		**Year 4**		**Year 5**	
Monthly Test	**Signed**	**Date**	**Signed**	**Date**	**Signed**	**Date**	**Signed**	**Date**	**Signed**	**Date**
Functional										
Functional										
Functional										
Functional										
Functional										
Functional										
Functional										
Functional										
Functional										
Functional										
Functional										
Three Hour										