

EMERGENCY LIGHT & EXIT SIGN TEST

I______, performed the annual test of emergency lights and exit signs as per N.J.A.C. 5:70-3,604.4.1.1 for the following location within the Borough of Leonia:

PROPERTY ADDRESS: _____

BUSINESS NAME: _____

PHONE NUMBER OF PROPERTY OR BUSINESS OWNER:

Please check:

1.____: All emergency lights were functional for one hour with the main power off. (Test must be conducted for 90 minutes if required by code in place at time of initial installation)

2.____: Lights needed repairs and all necessary repairs were made. Provide record indicating date serviced, name of technician, summary of conditions noted, and what corrective actions were taken.

3. _____: Monthly Activation Tests have been completed in accordance with N.J.A.C. 5:70-3,604.6.1. Records of Activation Tests, including location of device, results of test (pass/fail), date of test, and person completing test have been maintained and are available for review.

Date of Annual Test:

Today's Date: _____

Signature: _____