Emergency lighting test log
Not an official NFPA form; use your AHJ's form when named. Check intervals against the NFPA edition your AHJ adopts; do not treat intervals here as universal.

Site: _____
Address: _____

Unit ID	Monthly date	Monthly pass/fail	Annual date	Annual pass/fail	Notes

Inspector sign-off: _____ Date: _____
Client / owner sign-off: _____ Date: _____