



**Township of Maple Shade
Fire Department**

Office of the Fire Marshal

200 Stiles Avenue
Maple Shade, NJ 08052
856-779-9610

EMERGENCY AND EXIT LIGHTING LOG
30 SECONDS PER MONTH / 1 HOUR PER YEAR

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

	EXIT SIGNS OPERATIONAL	EMERGENCY OPERATIONAL	TESTED BY	EXPLAIN "NO" & DATE REPLACED
JANUARY				
FEBRUARY				
MARCH				
APRIL				
MAY				
JUNE				
JULY				
AUGUST				
SEPTEMBER				
OCTOBER				
NOVEMBER				
DECEMBER				

THE ONE (1) HOUR ANNUAL TESTING OF THE EMERGENCY AND EXIT LIGHTING SYSTEM WAS CONDUCTED ON _____ AND THE NOTED DEFICIENCIES ARE:

REPAIRS WERE COMPLETED BY: _____ DATE: _____