**Emergency Lighting System Report for inspection, testing & servicing**

*This is not a certificate for annual inspection and testing or a final certificate of commissioning.*

*This report shall be printed on paper clearly showing the inspection, testing or servicing company's details.*

Applicable standard to which the Emergency Lighting System was installed [tick appropriate box(s)]

I.S. 3217:1989  I.S. 3217:2008 I.S. 3217:2013 

Evidence Of Commissioning Available Yes No (tick appropriate box)

Building Name Owner and/or Occupier .......................................................................................

Address of Building ...................................................................................................................

Description of Works ..................................................................................................................

Record Drawing(s)........................................................................................................................

The Inspection, Testing and Servicing work covered by this report is set out below (tick appropriate box):

Quarterly Inspection and Test

Special Servicing following a fault

Other non-routine attention

I/We hereby declare that the Emergency Lighting System at the above building, and as detailed above, has been inspected, tested and/or serviced by me/us in accordance with the requirements of 16.2.4 (quarterly inspection) of I.S. 3217:2013 and with reference to the applicable standard(s) to which the emergency lighting system was installed, that all relevant details have been recorded in the logbook in accordance with Clause 14 and the schedule for periodic inspections & tests due dates has been updated.

I/We hereby declare that were this report relates to a special servicing following a fault(s) and/or other non-routine attention that the details of any deficiencies, defects and/or faults otherwise discovered and any necessary corrective action(s) required or carried out have be recorded in the logbook.

Comments/Recommendations…………………………………………………………………………………

I/We confirm my/our competence to undertake this work

Name ................………………………………..……..…. Position ....................……………………………

Signed: ……………………………………………………… Date:……./……./……

For and on behalf of (company) ........................................................................................................

Qualification Number