**Emergency lighting system - Confirmation of annual inspection and testing**

Document number: ……………………………..

Applicable standard to which the Emergency Lighting System was installed and is now being certified against.[tick appropriate box(s)]

I.S. 3217 1989  I.S. 3217 2008  After I.S. 3217 2013 

Is confirmation of commissioning available: Yes No [tick appropriate box]

Building Name, Owner and/or Occupier ……………………………………………

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

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

As-installed Drawing(s)………………………………………………………………..........……………………

System type:[tick appropriate box(s)]

 Self-contained Central Powered System ATS

Comments on system type:

………………………………………………………………………………………

I/We hereby confirm that the emergency lighting system as detailed above has been inspected and tested by me/us in conformance with the requirements of 11.5.2 of I.S. 3217:2023.

Comments: ……………………………………………………………………………………………………….……………

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Details and signature of competent person responsible for the annual inspection and testing:

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

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

For and on behalf of (organisation)…………………………………………………………

QQI Qualification Number