

Building _____ Invenoried by _____

Facility Code _____ Date _____

Location #	EM Lighting Unit	Battery Ballast	Exit Sign
_____ Room #	Voltage 6V <input type="checkbox"/> 12V <input type="checkbox"/> Mfr _____ Model _____ Type WP <input type="checkbox"/> CBU <input type="checkbox"/> Inv <input type="checkbox"/> Self-Diag Y <input type="checkbox"/> N <input type="checkbox"/> Additional Comments _____	Voltage 120V <input type="checkbox"/> 277V <input type="checkbox"/> Mfr _____ Model _____ Test Switch Y <input type="checkbox"/> N <input type="checkbox"/> Self-Diag Y <input type="checkbox"/> N <input type="checkbox"/> Additional Comments _____	Voltage 120V <input type="checkbox"/> 277V <input type="checkbox"/> Univ <input type="checkbox"/> Mfr _____ Model _____ Type Inc <input type="checkbox"/> Fluor <input type="checkbox"/> LED <input type="checkbox"/> Self-Diag Y <input type="checkbox"/> N <input type="checkbox"/> Additional Comments _____
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