

COMPANY NO: 10782503

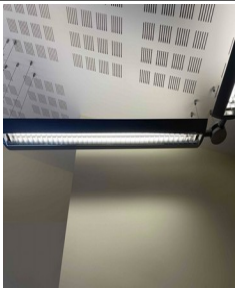



**EMERGENCY LIGHTING SYSTEM INSPECTION & SERVICING REPORT**

<b>CUSTOMER NAME</b>	County Bridge club		
<b>SITE ADDRESS</b>	St Oswalds Road, , Leicester, LE3 6RJ		
<b>OUR REF. NO.</b>	4247	<b>CLIENT JOB REF. NO.</b>	

<b>RISK ASSESSMENT UNDERTAKEN?</b>	N/A	<b>LOG BOOK UPDATED?</b>	N/A
<b>LOG BOOK LOCATION</b>			

SYSTEM SUMMARY			
<b>SYSTEM TYPE</b>	Non Maintained	<b>NO. OF LUMINAIRES</b>	0
<b>TYPE OF TEST</b>	Full Discharge Test (Annual)Replacement of 8 emergency lights - photos attached	<b>SYSTEM CONTROLS</b>	Key Switch
<b>LOCATION</b>	Light switches		

ENGINEERS REPORT / DESCRIPTION OF WORK CARRIED OUT
3 hour discharge test carried out on emergency lights. 8 lights failed

PHOTO 1	PHOTO 2	PHOTO 3
		
		

<b>RESULT</b>	Pass
<b>IS JOB COMPLETED?</b>	No
<b>JOB DETAILS</b>	

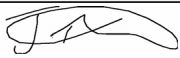
COMPANY NO: 10782503

Replace 5 external lights and 3 internal lights		
<b>FURTHER WORKS OR QUOTED REQUIRED?</b>	Yes	
<b>FURTHER WORKS OR QUOTED DETAILS</b>		
Replacement of 8 emergency lights - photos attached		
<b>RETURN CALL BOOKED?</b>	No	<b>RETURN CALL DATE</b>

MATERIAL USED		
MAKE / MODEL	QUANTITY	DESCRIPTION

<b>IS CERTIFICATION REQUIRED?</b>	No
<b>IF YES, CERTIFICATION DETAILS</b>	

Where applicable to the work carried out above. I/We being the competent person(s) responsible as indicate by my signature below confirm that all works and test undertaken comply with the relevant British Standards: BS 7671 or / and BS 5266 including all amendments and any Manufacturer's guidelines, except for any variations or exclusion noted above.

ENGINEER SIGNATURE	ENGINEER PRINT NAME	DATE
	Jack Thacker	02/08/2022

Confirm that the above works have been carried out to my satisfaction and accept responsibility for the system including defects that have been brought to my attention as or on behalf of the nominated Responsible Person.

CUSTOMER SIGNATURE	CUSTOMER PRINT NAME	DATE
		02/08/2022