

COMPANY NO: 10782503


EMERGENCY LIGHTING SYSTEM INSPECTION & SERVICING REPORT

CUSTOMER NAME	County Bridge club		
SITE ADDRESS	St Oswalds Road, , Leicester, LE3 6RJ		
OUR REF. NO.	9569	CLIENT JOB REF. NO.	

RISK ASSESSMENT UNDERTAKEN?	Yes	LOG BOOK UPDATED?	Yes
LOG BOOK LOCATION	Office		

SYSTEM SUMMARY			
SYSTEM TYPE	Non Maintained	NO. OF LUMINAIRES	0
TYPE OF TEST	Full Discharge Test (Annual)To install X2 3w led bulkheads andX2 3.6v/4ah rechargeable battery for down lights.	SYTSTEM CONTROLS	Key Switch
LOCATION	Various		

ENGINEERS REPORT / DESCRIPTION OF WORK CARRIED OUT
<p>3hr Emergency discharge test carried out on all the EML'S</p> <p>Passed ok</p> <p>Fails</p> <p>X1 in mixed bathroom foyer (replace battery)</p> <p>X1 in women's bathroom (replace battery)</p> <p>X2 in tournement room at back (replace units)</p>


PHOTO 1	PHOTO 2	PHOTO 3
		

RESULT	Pass
IS JOB COMPLETED?	Yes


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JOB DETAILS			
FURTHER WORKS OR QUOTED REQUIRED?	Yes		
FURTHER WORKS OR QUOTED DETAILS			
To install X2 3w led bulkheads and X2 3.6v/4ah rechargeable battery for down lights.			
RETURN CALL BOOKED?	No	RETURN CALL DATE	
MATERIAL USED			
MAKE / MODEL	QUANTITY	DESCRIPTION	
IS CERTIFICATION REQUIRED?	No		
IF YES, CERTIFICATION DETAILS			

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
	Jamie Pincombe	04/08/2025

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
	Phil	04/08/2025