Logo	**Facility and Building Lighting Inspection Checklist**	**Doc Ref #**: XYZ/IMS/QHSE/F/00 **Issue Date**: DD-MM-YYYY **Rev #**: 00
	QHSE Forms	
	Organization Name	

Inspection Type	**Bi-Annually** ☐	**Annually** ☐	**Inspection Date:**	**Inspection Form #:**
Project Name		**Location Name**		
Inspected By		**Next Inspection**		

S/#	Description	Yes	No	Remarks
Building Interior				
1	Building exterior lights are working?	☐	☐	
2	Building Interior lights are working?	☐	☐	
3	Emergency lights are provided and working?	☐	☐	
4	Building emergency lights have backup source	☐	☐	
5	The lights are fixed atop work stations?	☐	☐	
6	Illumination is sufficient for work activity?	☐	☐	
7	Wires are in good condition?	☐	☐	
8	Switches are in good condition?	☐	☐	
9	Defective lights are replaced immediately?	☐	☐	
10	Defective wiring & switches have been replaced?	☐	☐	
Exterior Lights/Facility/Onsite				
1	Facility/onsite lights are working?	☐	☐	
2	Pedestrian walkways lights are working?	☐	☐	
3	Parking area lights are working?	☐	☐	
4	External switches and switchboards are covered?	☐	☐	
5	Junction box & cords are in good condition?	☐	☐	
6	External wiring is insulated and protected?	☐	☐	
7	Damaged or worn off wiring has been replaced?	☐	☐	
Observations				

Inspected By	**Approved By**

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