

# EMERGENCY LIGHTING COMPLETION CERTIFICATE

For new installations and verification of existing installations

CRN/

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |                                                                                                                                                                                                          |  |                                                                  |  |                                             |  |                                                          |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------|--|---------------------------------------------|--|----------------------------------------------------------|--|
| <b>A1 DETAILS OF THE CLIENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 | <b>PURPOSE OF CERTIFICATE</b>                                                                                                                                                                            |  |                                                                  |  |                                             |  |                                                          |  |
| Client/Address<br>_____<br>_____<br>_____<br>Postcode<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 | Verification of existing installation <input type="checkbox"/><br>The installation is:<br>New <input type="checkbox"/><br>An addition <input type="checkbox"/><br>A replacement <input type="checkbox"/> |  |                                                                  |  |                                             |  |                                                          |  |
| <b>B1 DETAILS OF THE EMERGENCY LIGHTING INSTALLATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                                                                                                                                                                                                          |  |                                                                  |  |                                             |  |                                                          |  |
| Address<br>_____<br>_____<br>_____<br>Postcode<br>_____<br>Extent of the installation covered by this certificate<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 |                                                                                                                                                                                                          |  |                                                                  |  |                                             |  |                                                          |  |
| <b>C1 DECLARATION OF CONFORMITY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 | *Delete as appropriate                                                                                                                                                                                   |  |                                                                  |  |                                             |  |                                                          |  |
| In consequence of acceptance of the declarations on Forms 2, 3 and 4 <b>I/we</b> * hereby declare that the emergency lighting installation, as described above, conforms, to the best of <b>my/our</b> * knowledge and belief to the appropriate recommendations and requirements given in BS 5266-1: 2005 Emergency lighting Part 1: Code of practice for the emergency lighting of premises, BS EN 1838: 1999 / BS 5266-2: 1999 Lighting applications – Emergency lighting and BS EN 50172: 2004 / BS 5266-3: 2004 Emergency escape lighting systems, as set out in the declarations Forms 2, 3 and 4, except as stated in section D1. |                 |                                                                                                                                                                                                          |  |                                                                  |  |                                             |  |                                                          |  |
| To be signed by either: <table border="0"> <tr> <td>a) The Responsible Person / Competent Person (England and Wales)</td> <td></td> </tr> <tr> <td>b) The Employer or Other Persons (Scotland)</td> <td></td> </tr> <tr> <td>c) The Employer or Nominated Employee (Northern Ireland)</td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                      |                 |                                                                                                                                                                                                          |  | a) The Responsible Person / Competent Person (England and Wales) |  | b) The Employer or Other Persons (Scotland) |  | c) The Employer or Nominated Employee (Northern Ireland) |  |
| a) The Responsible Person / Competent Person (England and Wales)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |                                                                                                                                                                                                          |  |                                                                  |  |                                             |  |                                                          |  |
| b) The Employer or Other Persons (Scotland)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                                                                                                                                                                                                          |  |                                                                  |  |                                             |  |                                                          |  |
| c) The Employer or Nominated Employee (Northern Ireland)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                                                                                                                                                                                                          |  |                                                                  |  |                                             |  |                                                          |  |
| Signature _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 | Date _____ Name (CAPITALS) _____                                                                                                                                                                         |  |                                                                  |  |                                             |  |                                                          |  |
| <b>D1 DETAILS OF DEVIATIONS FROM THE STANDARD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                 | *Deviations MUST be sanctioned by the designer referred to in section D2 of Form 2 and agreed by the person in section C1                                                                                |  |                                                                  |  |                                             |  |                                                          |  |
| Declaration (Insert design, installation or verification role)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Requirement No. | Details of deviation (If necessary record additional deviations on a separate referenced sheet)                                                                                                          |  |                                                                  |  |                                             |  |                                                          |  |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | _____           | _____                                                                                                                                                                                                    |  |                                                                  |  |                                             |  |                                                          |  |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | _____           | _____                                                                                                                                                                                                    |  |                                                                  |  |                                             |  |                                                          |  |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | _____           | _____                                                                                                                                                                                                    |  |                                                                  |  |                                             |  |                                                          |  |
| _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | _____           | _____                                                                                                                                                                                                    |  |                                                                  |  |                                             |  |                                                          |  |
| <b>E1 VALIDITY REVIEW AND ESSENTIAL RELATED REFERENCE DOCUMENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                                                                                                                                                                                                          |  |                                                                  |  |                                             |  |                                                          |  |
| This certificate is not valid unless accompanied by current versions of the following:<br>i) Sign this declaration on Forms 2, 3 and 4 ii) Photometric design data (see note 3) iii) Log book<br>The contractor issuing this certificate MUST sign to verify that i), ii) and iii) above have been completed and are issued with this certificate and that all essential related reference documents have been recorded below.                                                                                                                                                                                                           |                 |                                                                                                                                                                                                          |  |                                                                  |  |                                             |  |                                                          |  |
| Electrical Installation Certificate<br>No. _____<br>Minor Electrical Installation Works Certificate<br>No. (see note 2) _____<br>and/or Emergency Lighting Periodic Inspection and Test Certificate (see note 2) _____                                                                                                                                                                                                                                                                                                                                                                                                                   |                 | Design Schedule No(s) _____<br>Other documents if any (please state) _____                                                                                                                               |  |                                                                  |  |                                             |  |                                                          |  |
| Signature _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 | Date _____                                                                                                                                                                                               |  |                                                                  |  |                                             |  |                                                          |  |
| Name (CAPITALS) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 | Contractor                                                                                                                                                                                               |  |                                                                  |  |                                             |  |                                                          |  |
| <b>F1 NEXT INSPECTION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 | * Enter interval in accordance with Clause K2 of BS EN 50172: 2004 / BS 5266-2: 2004                                                                                                                     |  |                                                                  |  |                                             |  |                                                          |  |
| I/we*, the designer, RECOMMEND that this installation is further inspected and tested after an interval of not more than _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                 |                                                                                                                                                                                                          |  |                                                                  |  |                                             |  |                                                          |  |

Notes: 1. The electrical safety aspects of the emergency lighting installation must also be certified in accordance with BS 7671 Requirements for Electrical Installations by issuing an Electrical Installation Certificate or, where appropriate, a Minor Electrical Installation Works Certificate.  
 2. Where this certificate relates to a major alteration or addition, it should be accompanied by an Emergency Lighting Periodic Inspection and Testing Certificate for the entire emergency lighting installation.  
 3. This can be in any of the following formats (in all cases appropriate de-rating factors must be used), and identified to meet worst case requirements:  
 a) Authorised spacing data such as ICEE, ADST registered cables; b) calculations as detailed in CHSE / SLL Guide 0512; c) appropriate computer print of results.

# Emergency Light Certificate

**AW Rasmussen**

A red circular graphic with a gradient, appearing as a stylized arrow or a light effect, positioned to the right of the 'AW Rasmussen' text.

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