Emergency Lighting DALI Control System
Test Schedule Record Sheet

This form must be used to record group test schedule information set during commissioning of the system. Note: individual devices may not be assigned to more than one group.

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Control panel name (max. 32 characters):

Line	Group	Group name	Time/date for initial Function Test (FT)	FT interval (days)	Time/date for initial Duration Test (DT)	DT interval (weeks)
Example						
1	0	First Floor	02:30 / 01-08-2014	30	02:30 / 08-08-2014	26
1	0					
1	1					
1	2					
1	3					
1	4					
1	5					
1	6					
1	7					
1	8					
1	9					
1	10					
1	11					

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Control panel name (max. 32 characters):

Line	Group	Group name	Time/date for initial Function Test (FT)	FT interval (days)	Time/date for initial Duration Test (DT)	DT interval (weeks)
1	12					
1	13					
1	14					
1	15					
2	0					
2	1					
2	2					
2	3					
2	4					
2	5					
2	6					
2	7					
2	8					
2	9					
2	10					
2	11					
2	11					
2	12					

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Control panel name (max. 32 characters):

Line	Group	Group name	Time/date for initial Function Test (FT)	FT interval (days)	Time/date for initial Duration Test (DT)	DT interval (weeks)
2	13					
2	14					
2	15					