CHINOOK'S EDGE SCHOOL DIVISION NO. 73
EMERGENCY LIGHT VERIFICATION

SCHOOL_____ **YEAR**_____

LOCATION (BE SPECIFIC)	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	DESCRIPTION OF REPAIRS REQUIRED	DATE COMPLETED	COMPLETED BY

Fax entire sheet to Maintenance at 227-0143 when repairs are required; be sure to record all completions immediately to avoid duplication of repair requests