



Lighting System Maintenance Checklist (Monthly) - Bulb replacement, fixture cleaning

Pre-Inspection & Safety

Initial assessment and safety precautions before any work begins. Includes record-keeping and ensuring proper PPE is used.

Date of Inspection

Start Time

Weather Conditions (Optional)

- ☐ Clear
- ☐ Cloudy
- ☐ Rain
- ☐ Snow
- ☐ Other

PPE Utilized

- ☐ Safety Glasses
- ☐ Gloves
- ☐ Ladder Safety Harness
- ☐ High-Visibility Vest
- ☐ Dust Mask

Employee Performing Inspection

Write something...

Any Hazards Noted Before Start (e.g., wet floor, blocked access)

Write something...

Lockout/Tagout Required?

- ☐ Yes
- ☐ No

If Yes, Lockout/Tagout Procedure Followed? (Details)

Write something...

Bulb Replacement - Sales Floor

Replacing burnt-out or failing bulbs on sales floor fixtures. Includes identifying bulb types and documenting replacements.

Total Number of Bulbs Replaced

Enter a number...

Bulb Type - Aisle Lighting

- ☐ LED - Standard
- ☐ LED - High CRI
- ☐ Halogen
- ☐ Compact Fluorescent (CFL)

Bulb Type - Feature/Display Lighting

- ☐ LED - Standard
- ☐ LED - High CRI
- ☐ Halogen
- ☐ LED Strip
- ☐ Other

Specific Fixtures Requiring Bulb Replacement (e.g., Aisle 3, Endcap 1)

Write something...

Wattage of Bulbs Replaced (Average)

Enter a number...

Issues Observed During Replacement (Select all that apply)

- ☐ Bulb Broken
- ☐ Fixture Damaged
- ☐ Fixture Loose
- ☐ Corrosion Present
- ☐ None

Notes on Bulb Condition/Replacement Difficulty

Write something...

Bulb Replacement - Backroom/Storage

Replacing burnt-out or failing bulbs in backroom, stockroom, and storage areas. Prioritizes safety due to potential stacked inventory.

Number of Bulbs Replaced (Total)

Enter a number...

Number of LED Bulbs Replaced

Enter a number...

Number of Halogen Bulbs Replaced

Enter a number...

Number of Fluorescent Tubes Replaced

Enter a number...

Bulb Type (if unknown)

- ☐ LED
- ☐ Halogen
- ☐ Fluorescent
- ☐ Compact Fluorescent (CFL)
- ☐ Unknown

Notes on Bulb Condition (e.g., burn marks, shattering)

Write something...

Specific Area of Backroom/Storage (e.g., Shelf 1, Receiving Dock)

 Set My Current Location



Date of Bulb Replacement

Enter date...

Fixture Cleaning - Sales Floor

Cleaning exterior surfaces of lighting fixtures on the sales floor. Includes removing dust, debris, and any noticeable grime.

Fixture Types Cleaned (Check all that apply)

- ☐ Track Lighting
- ☐ Recessed Lighting
- ☐ Pendant Lighting
- ☐ Spotlights
- ☐ Display Case Lighting
- ☐ Strip Lighting

Specific Areas Cleaned (e.g., around lenses, reflectors)

Write something...

Number of Fixtures Cleaned

Enter a number...

Notes on Cleaning Difficulty or Issues Encountered (e.g., hard water stains)

Write something...

Cleaning Solution Used (if applicable)

- ☐ None
- ☐ Mild Detergent
- ☐ Specialized Fixture Cleaner

Area/Department Cleaned (e.g., Women’s Apparel, Electronics)

 [Set My Current Location](#)



Fixture Cleaning - Backroom/Storage

Cleaning exterior surfaces of lighting fixtures in backroom and storage areas. Addresses potential build-up due to dust and storage conditions.

Backroom Area(s) Cleaned

 [Set My Current Location](#)



Detailed Cleaning Notes

Write something...

Types of Debris Removed

- ☐ Dust
- ☐ Cobwebs
- ☐ Dirt/Grime
- ☐ Insect Droppings
- ☐ Other (Specify in LONG_TEXT)

Approximate Cleaning Time (Minutes)

Enter a number...

Description of any Issues Found (e.g., corrosion, insect infestation)

Write something...

Fixture Inspection & Reporting

Visual inspection of fixtures for damage, corrosion, or other issues. Document any findings that require repair or replacement.

Fixture Condition: (Select all that apply)

- ☐ No Visible Damage
- ☐ Cracks or Breaks
- ☐ Corrosion
- ☐ Loose Wiring
- ☐ Discoloration
- ☐ Leaking (if applicable)

Fixture Temperature (if noticeable)

Enter a number...

Detailed Notes on Fixture Condition

Write something...

Fixture Type (for reference)

- ☐ Track Lighting
- ☐ Recessed Lighting
- ☐ Pendant Lighting
- ☐ Surface Mounted Fixtures
- ☐ Other - Specify in notes

Fixture Location (e.g., Aisle 1, End Cap)

 [Set My Current Location](#)



Date of Inspection

Enter date...

Recommendations for Repair/Replacement

Write something...

Post-Maintenance & Documentation

Final check of the lighting system and completion of required paperwork/log entries.

Date of Maintenance

Enter date...

Start Time

End Time

Total Maintenance Time (minutes)

Enter a number...

Notes/Observations (e.g., unusual bulb failures, fixture issues)

Write something...

Overall System Status

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

Photos of Significant Findings (optional)



Upload File

Technician Initials

Write something...