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| Location: |  |

Record Value and/or initial each Section as checked

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| Signal No. | Primary Volts | Top Green | Top Yellow | Top Red | Bottom Green | Bottom Yellow/RTO | Bottom Red/Marker |  | Lens Colours Verified | ECR/FCORFunction | Focus tom |
| Secondary Volts | Secondary Volts | Secondary Volts | Secondary Volts | Secondary Volts | Secondary Volts |  | Lamp Out | Filament Fail |
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| Remarks: |
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| Certified By: |  | Received/Checked/Actioned By: |
| Name: |  |  | Name: |  |
| Signature: |  | Date: |  |  | Signature: |  | Date: |  |