

Electrical System Quality Assurance Inspection Form

Project Name

Location

Date

Inspector Name

Inspection Checklist

Item	Pass	Fail	Comments
Main Electrical Panel Secure & Labeled	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Circuit Breakers/Earth Leakage Working	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Cable/Wiring Condition and Neatness	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Proper Earthing System in Place	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Switches, Sockets, Fixtures Secure	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

Additional Notes / Observations

Inspection Start Time

Inspection End Time

Inspector Signature

Date Signed

