

# Electrical Equipment Testing Record for Construction Work

## Project Information

Project Name		Location	
Date		Inspector	
Company		Supervisor	

## Equipment Testing Record

No.	Equipment Description	Serial/ID No.	Date Tested	Test Method	Test Result	Remarks

## Comments/Observations

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Tested By (Signature & Date)

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Inspected By (Signature & Date)

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Supervisor Approval (Signature & Date)