

Electrical System Safety Evaluation Form

Facility Information

Facility Name	<div></div>
Location / Address	<div></div>
Date of Inspection	<div></div>
Inspector Name	<div></div>

Evaluation Checklist

Item	Status	Comments
Main Electrical Panel condition	<div><input type="checkbox"/> Good</div> <div><input type="checkbox"/> Fair</div> <div><input type="checkbox"/> Poor</div>	<div></div>
Proper Circuit Labeling	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> Partial</div>	<div></div>
Grounding System Integrity	<div><input type="checkbox"/> OK</div> <div><input type="checkbox"/> Issue</div>	<div></div>
Wiring Condition	<div><input type="checkbox"/> Good</div> <div><input type="checkbox"/> Damaged</div>	<div></div>
Emergency Lighting Functionality	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div> <div><input type="checkbox"/> N/A</div>	<div></div>
Electrical Outlets/Switches Safety	<div><input type="checkbox"/> Safe</div> <div><input type="checkbox"/> Needs Attention</div>	<div></div>
Extension Cord Usage	<div><input type="checkbox"/> Compliant</div> <div><input type="checkbox"/> Non-Compliant</div>	<div></div>
Other Observations	<div></div>	

Summary & Recommendations

Summary of Findings:

Recommendations:

Inspector Signature:

Date:
