

# Electrical System Safety Evaluation Form

## Facility Information

Facility Name	
Location / Address	
Date of Inspection	
Inspector Name	

## Evaluation Checklist

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

## Summary & Recommendations

Summary of Findings:

Recommendations:

Inspector Signature:

Date:

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