ELECTRICAL SAFETY INSPECTION REPORT FORM

Inspection Firm or Individual Name:			
Address:			
Telephone Number:			aulti w
Inspection Commenced Date:		Inspection Comple	eted Date:
No Repairs Required F	Repairs ar	e required as outlined in t	he attached inspection report
Licensed Design Professional:			
Name:			
License Number:			
P.E. Specialized in Electrical Design: Provide resume of qualifications upon request.	Yes	No	
			Seal
I am qualified to practice in the discipline in whi	ich I am he	erby signing,	
Signature:		Date:	
This report has been based upon the minimum inspect of Rules and Appeals' Policy #05-05. To the best of m condition of the structure, based upon careful evaluation. 1. DESCRIPTION OF STRUCTURE	y knowledg	e and ability, this report repr	esents an accurate appraisal of the present
a. Name on Title:			
b. Street Address:			
c. Legal Description:			
d. Owner's Name:			
e. Owner's Mailing Address:			
f. Email Address:		Contact Nu	ımber:
g. Folio Number of Property on which building is lo	ocated:		
h. Building Code Occupancy Classification:			
i. Present Use:			
j. General Description:		Type of Construction	on:
k. Square Footage:		Number of Stories:	
I. Special Features:			

Broward County BORA – Policy 05-05

m.	Additional Comments:	
2. I	NSPECTIONS	
	a. Date of notice of required inspection:	
	b. Date(s) of actual inspection:	
	c. Name and qualifications of individual preparing report:	
	d. Are any electrical repairs required?	
	1. No – None Required	
	2. Yes – Required (Describe nature of repairs):	
	*** NOTE: Provide photographs as necessary to reflect relevant conditions and index appropriately. ***	
3. E	ELECTRIC SERVICE	
	a. Size: Voltage (); Amperage ();	
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	b. Main Service Protection (amps): Fuse Breaker	
	b. Wall Service Protection (amps). [Puse breaker	
	c. Service Rating Amperage (amps):	
	d. Phase: Single Phase	

e.	Condition:	Good	Needs Repairs		
	Describe nature	e of repairs:			
4. SER	VICE EQUIPM	ENT			
a.	Clearances:	Good	Requires Repair		
	Describe nature	e of repairs:			
5. ELE	CTRIC ROOMS	S S			
a.	Clearances:	Good	Requires Repair		
	Describe nature	e of repairs:			
6. GUT	TERS, WIREW	/AYS, ETC.			
3. 301	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
a.	Location:	Good	Requires Repair		
	Describe nature	e of repairs:			

b.	Taps and box fill:	Good	Requires Repail	r	
	Describe nature of r	repairs:			
7. ELEC	TRICAL SWITCH	IGEAR			
a.	Panel # ()	Good	Needs Repairs	
b.	Panel# ()	Good	Needs Repairs	
C.	Panel # ()	Good	Needs Repairs	
d.	Panel # ()	Good	Needs Repairs	
e.	Panel # ()	Good	Needs Repairs	
	Describe nature of r	repairs:			
8. BRAN	NCH CIRCUITS				
a.	Identified:	Yes	Must be identified		
b.	Conductors:	Good	Deteriorated	Must be replaced	
	Describe nature of r	repairs:			

9. GROUNDING OF SERVICE		
Good Repairs Required		
Comments:		
10. GROUNDING OF EQUIPMENT		
Good Repairs Required		
Comments:		
11. SERVICE CONDUITS/RACEWAYS		
Good Repairs Required		
Comments:		
12. SERVICE CONDUCTOR AND CABELS		
Good Repairs Required		
Comments:		

13. GENERAL CONDUIT/RACEWAYS
Good Repairs Required
Comments:
14. FEEDER CONDUCTORS
Good Repairs Required
Comments:
15. BUSWAYS
a. Location: Good Repairs Required
Describe nature of repairs:
16. OTHER CONDUCTORS
Good Repairs Required
Comments:

21. EXIT LIGHTS
Good Repairs Required
Comments:
22. EMERGENCY POWER SYSTEMS
Good Repairs Required
Comments:
23. WIRING & CONDUIT AT ALL PARKING LOTS AND GARAGES
Good Repairs Required
Comments:
24. SWIMMING POOL WIRING
Good Repairs Required
Comments:

25. WIRING TO MECHANICAL EQUIPMENT			
Good	Repairs Required		
Comments:			