

ELECTRICAL SAFETY INSPECTION REPORT FORM



Inspection Firm or Individual Name: _____

Address: _____

Telephone Number: _____

Inspection Commenced Date: _____

Inspection Completed Date: _____

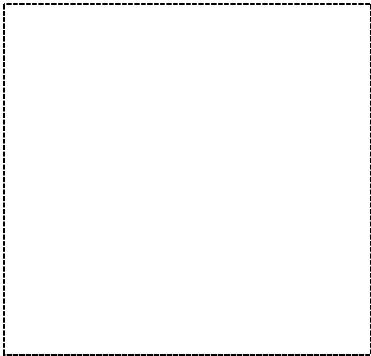
No Repairs Required

Repairs are Required as Outlined in the Attached Inspection Report

Florida Licensed Professional:

Engineer

Architect



Seal

Name: _____

License Number: _____

I am qualified to practice in the discipline in which I am hereby signing,

Signature: _____ Date: _____

This report has been based upon the minimum inspection guidelines for building safety inspection as listed in the Broward County Board of Rules and Appeals Policy #05-05. To the best of my knowledge and ability, this report represents an accurate appraisal of the present condition of the structure based upon careful evaluation of observed conditions to the extent reasonably possible.

1. DESCRIPTION OF STRUCTURE	
a. Name on Title:	
b. Street Address:	
c. Legal Description:	
d. Owner's Name:	
e. Owner's Mailing Address:	
f. Email Address:	Contact Number:
g. Folio Number of Property on which Building is Located:	
h. Building Code Occupancy Classification:	
i. Present Use:	
j. General Description:	Type of Construction:
k. Square Footage:	Number of Stories:

I. Special Features:

m. Additional Comments:

2. INSPECTIONS

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. ELECTRIC SERVICE

a. Size: Voltage (_____); Amperage (_____);

b. Main Service Protection (_____ Amps): Fuse Breaker

c. Service Rating Amperage (_____ Amps):

d. Phase: Three Phase Single Phase

e. Condition: Good Needs Repairs

Describe the Nature of Repairs:

4. SERVICE EQUIPMENT

a. Clearances: Good Requires Repair

Describe the Nature of Repairs:

5. ELECTRIC ROOMS

a. Clearances: Good Requires Repair

Describe the Nature of Repairs:

6. GUTTERS, WIREWAYS, ETC.

a. Location: Good Requires Repair

Describe the Nature of Repairs:

b. Taps and Box Fill: Good Requires Repair

Describe the Nature of Repairs:

7. ELECTRICAL SWITCHGEAR

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 the Nature of Repairs:

8. BRANCH CIRCUITS

- a. Identified: Yes Must Be Identified
- b. Conductors: Good Deteriorated Must Be Replaced

Describe the Nature of 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 CABLES

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 the Nature of Repairs:

16. OTHER CONDUCTORS

Good

Repairs Required

Comments:

17. EMERGENCY LIGHTING

Good

Repairs Required

Comments:

18. BUILDING EGRESS ILLUMINATION

Good

Repairs Required

Comments:

19. FIRE ALARM SYSTEM

Good

Repairs Required

Comments:

20. SMOKE DETECTORS

Good

Repairs Required

Comments:

21. EXIT LIGHTS

Good

Repairs Required

Comments:

22. EMERGENCY POWER SYSTEMS

Good

Repairs Required

Comments:

23. WIRING AND 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: