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

Name: _____

License Number: _____

Seal

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:

l. 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: