

ELECTRICAL SAFETY INSPECTION

Date:		Department:	
Name of Person Completing:			

Item	Yes	No	N/A
1. Are any electrical heaters observed in your department? If yes, where?			
2. Are any drop cords observed in your department? If yes, where?			
3. Do all electrical outlets have faceplates in place?			
4. Appliance cords should not be run across any walkway, even if taped in place. Do you observe violations? If yes, where?			
5. Is all lighting in proper working order?			
6. Is there any surface hot enough to burn a person or ignite nearby materials? If yes, please explain.			
7. Are all electrical cords for equipment in good working condition without frays or exposed wiring?			
8. All hand held tools and equipment have three prong plugs or have a double insulated label for proper grounding?			
9. Are any unsafe situations observed during inspection? If yes, please explain:			

The following are only for departments who repair electrical equipment

10. Has a lock out/tag out program been implemented?			
11. Have employees been trained in the uses and limitation of the lock out/tag out program?			
12. Are adequate tags and locks available for use by employees?			
13. Are only authorized and trained staff allowed to work on electrical equipment?			

Recommendations for Improvement:
