

ELECTRICAL INSPECTION

(This form must be completed by a Licensed Electrician)

Owner Name:	
Property/Home Address:	
Year Service Updated:	
Total Amperage of Service:	
Condition of Electrical Service:	<input type="checkbox"/> Excellent <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Does the entire electrical system meet local codes?	<input type="checkbox"/> Yes Remarks: _____ <input type="checkbox"/> No
Is the system sufficient for the load requirement?	<input type="checkbox"/> Yes Remarks: _____ <input type="checkbox"/> No
Is the <u>any</u> Knob of Tube wiring in use?	<input type="checkbox"/> Yes Remarks: _____ <input type="checkbox"/> No
Does the wiring contain proper grounding?	<input type="checkbox"/> Yes Remarks: _____ <input type="checkbox"/> No
Is there any exposed or unsafe wiring?	<input type="checkbox"/> Yes Remarks: _____ <input type="checkbox"/> No
Are there any deficiencies which need correcting?	<input type="checkbox"/> Yes If yes, describe in detail: _____ <input type="checkbox"/> No
Were deficiencies corrected?	<input type="checkbox"/> Yes If yes, date corrected: _____ <input type="checkbox"/> No Electrician's Initials: _____
<i>(Please Print)</i> Electrician's Name: _____ Company Name: _____ Florida License Number: ER _____ EC _____ Journeyman or Master Electrician's License Number: _____ <p style="text-align: center;"><i>(Only the above licenses are acceptable.)</i></p>	
I certify that at the time of this survey the electrical service at the above-stated location is safe and adequate or I have noted said deficiencies above. Signature: _____ Date of Inspection: _____ <p style="text-align: center;"><i>(Please note this form MUST be completed in its entirety and all information must be verifiable.)</i></p>	

Return this completed form to:



Post Office Box 583, Apalachicola, Florida 32329
 Telephone (850) 670-8660 Facsimile (850) 670-5598