ELECTRICAL SAFETY INSPECTION LOG

Facility ID: _____
Inspector Name: _____
Department/Area: _____
Review Period: _____
Signature: _____

DATE	EQUIPMENT / ITEM	LOCATION	STATUS	OBSERVATIONS / ACTIONS REQUIRED	INSPECTOR

DATE	EQUIPMENT / ITEM	LOCATION	STATUS	OBSERVATIONS / ACTIONS REQUIRED	INSPECTOR

Status Codes: P = Pass | F = Fail | N/A = Not Applicable | R = Repaired

Note: Any equipment marked 'Fail' must be tagged out and removed from service immediately.