

# Commercial Building Electrical Inspection Form

## General Information

Building Name

Address

Inspector Name

Inspection Date

## Inspection Checklist

Item	Pass	Fail	N/A	Comments
Service Panel Condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Circuit Breakers Properly Labeled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Wiring Condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
GFCI Protection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Emergency Lighting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Exit Signs Working	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Electrical Outlets Condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Extension Cords Proper Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Electrical Rooms Accessible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

## Observations & Notes

**Inspector Signature**

Signature

Date