

# Electrical Equipment Safety Audit Form

## General Information

Auditor Name

Audit Date

Location

Department

## Equipment Details

Equipment Name	Model/Serial No.	Location	Inspected By	Condition	Comments
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<div><div></div></div>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<div><div></div></div>	<input type="text"/>

## Audit Checklist

Item	Yes	No	N/A	Comments
Proper grounding of equipment	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<input type="text"/>
No exposed wiring or conductors	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<input type="text"/>
Functional emergency stop/switch	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<input type="text"/>
Labels and warning signs in place	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<input type="text"/>
Cords, plugs and sockets undamaged	<div><div></div></div>	<div><div></div></div>	<div><div></div></div>	<input type="text"/>

## Findings & Recommendations

Findings

Recommendations

Auditor Signature

Signature

Date