

Electrical System Compliance Inspection Form

Project Information

Project Name

Location

Inspector Name

Date of Inspection

Electrical System Checklist

Item	Compliant	Non-Compliant	N/A	Comments
Main Service Panel Securely Installed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<div></div>
Grounding System Installed & Intact	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<div></div>
Wiring Properly Secured & Protected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<div></div>
Switches & Outlets Properly Installed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<div></div>
Protection Devices Present (Breakers/Fuses)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<div></div>
Labeling & Identification Correct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<div></div>

Additional Notes

Inspector Signature

Date