

Electrical Site Audit Checklist

Project Name:

Project Location:

Date of Audit:

Auditor Name(s):

General Safety

Item	Yes	No	N/A	Comments
Personal protective equipment (PPE) being used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Warning signs and labels in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Proper access to electrical panels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

Equipment & Installation

Item	Yes	No	N/A	Comments
Circuit breakers/fuses labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
No exposed live wires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Grounding properly installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

Documentation & Records

Item	Yes	No	N/A	Comments
Up-to-date electrical drawings available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

Inspection records maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
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Additional Notes