

# Fixed Appliance Electrical Safety Verification Sheet

## General Information

Project / Site

Location

Date

Appliance Description

Manufacturer

Model No.

Serial No.

## Visual Inspection

Check	Pass	Fail	Comments
Appliance securely fixed	<input type="checkbox"/>	<input type="checkbox"/>	
Free from damage/defects	<input type="checkbox"/>	<input type="checkbox"/>	
Correctly fused/isolated	<input type="checkbox"/>	<input type="checkbox"/>	
Cables free from damage	<input type="checkbox"/>	<input type="checkbox"/>	
Earthing satisfactory	<input type="checkbox"/>	<input type="checkbox"/>	

## Test Results

Test	Measured Value	Pass	Fail	Comments
Earth Continuity		<input type="checkbox"/>	<input type="checkbox"/>	
Insulation Resistance		<input type="checkbox"/>	<input type="checkbox"/>	
Polarity Check		<input type="checkbox"/>	<input type="checkbox"/>	

## Comments / Additional Observations

Tested By (Name & Signature)

Date

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