

Temporary Electrical Equipment Assessment Sheet

Project Name

Location

Date

Assessor Name

Equipment Details

No.	Equipment Description	Serial/ID No.	Inspection	Condition	Remarks
1			<div></div>	<div></div>	<div></div>
2			<div></div>	<div></div>	<div></div>
3			<div></div>	<div></div>	<div></div>

Assessment Summary

Summary of Findings

Action Required

Signature

Assessment Date