

# Solar Street Light Installation Inspection

Date:  
Location:  
Inspector Name:  
Installer Name:  
Pole ID / Number:

## Inspection Checklist

Item	Yes	No	Remarks
Proper pole installation			<input type="checkbox"/>
Foundation stable and level			<input type="checkbox"/>
PV panel orientation correct			<input type="checkbox"/>
Wiring secure and neat			<input type="checkbox"/>
Battery properly installed			<input type="checkbox"/>
Luminaire functioning			<input type="checkbox"/>
Light turns ON/OFF automatically			<input type="checkbox"/>
No physical damages			<input type="checkbox"/>

### General Observations:

### Corrective Actions (if any):

Inspector Signature:

Date: