

FACILITIES SERVICES STANDARD PRACTICE

TITLE:
FACILITIES SERVICES
ELECTRICAL HAZARD AUDIT CHECKLIST

INSTRUCTION NUMBER:
33-4016.5

ELECTRICAL HAZARD AUDIT CHECKLIST

1. INFORMATION	
Inspector(s):	Location/Building:
Date of Inspection:	Room Number:
Time of Inspection:	

2. GENERAL (Y=Yes, N=No, NA=Not Applicable)				
Equipment Names:				
Does this location contain nominal voltages over 600VAC?				
Is Danger High Voltage signage on room doors and legible?				
Are Arc Flash/Shock Hazard Labels in place and legible?				
Has an Arc Flash study been conducted for this location?				
Equipment covers in place?				
Is there adequate lighting in this location?				
Room doors swing outward from space?				
Lighted exit signs above exit doors?				
Is this area or room secured to prevent unauthorized access?				
If the space is the MDP for facility, is there a one-line diagram posted?				
Is the area organized and materials are properly stored?				

3. DEFICIENCIES - COMMENTS - OBSERVATIONS