(GFCI's Will Be Included On This Form)

DATE OF INSPECTION:_____/_____/_____ INSPECTOR:_____

PROJECT/JOB:_____ DEPARTMENT:_____

EQUIPMENT OR TOOL	CONDITION OF EQUIPMENT	CONDITION OF TOOL	SAFETY APPLIANCES IN PLACE	REMARKS	COMPANY ISSUE

NOTE: Use Key 1-2-3-4-, (4 Being Good)