



UPF ELECTRICAL EQUIPMENT INSPECTION RECORD

Work Package No: _____

Task No.: _____

DMC NUMBER:		DATE:			
PROJECT NUMBER:		PROJECT NAME:			
BLDG/AREA:	SYSTEM:	LOCATION:			
EQUIPMENT IDENTIFICATION:		EQUIPMENT TYPE:			
QUALITY LEVEL: <input type="checkbox"/> Q <input type="checkbox"/> RS <input type="checkbox"/> CC <input type="checkbox"/> N/A					
REFERENCE DOCUMENT NO.	REV. NO.	REFERENCE DOCUMENT NO.	REV. NO.		
ITEM	ACCEPT	REJECT	N/A	FE/DATE* (Initials)	QCE/DATE (Initials)
1. Verify name plate data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2. Inspect for physical damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. Verify shipping blocks/brackets have been removed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4. Inspect Impact recorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. Bolted connections are torqued per manufacturers specs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6. Space heaters are connected and operating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7. Verify foundation is complete and equipment properly anchored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8. Verify shipping splits and bus splices are properly connected/installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9. Verify ground connections are complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
10. Verify filters are in place and vents are clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
TEST INSTRUMENT NUMBER:		CALIBRATION DUE DATE:			
COMMENTS: * N/A "FE" if not applicable 					
FE BY: (print/sign)				DATE:	
QCE BY: (print/sign)				DATE:	