

FACILITY / CLIENT: _____

DATE: _____

PANEL / GEAR TAG: _____ LOCATION: _____

FEEDER AMPS: _____ A

SERVICE: ☐ 480Y/277V 3Ph 4W ☐ 208Y/120V 3Ph ☐ 120/240V 1Ph ☐ Delta High-Leg

AIC RATING: _____ kA

1. PANEL PHYSICAL INTEGRITY & TORQUE VERIFICATION (NEC 110.14)

- | | |
|---|---|
| ☐ Main Lug / Breaker Torque: Verified with calibrated torque wrench to manufacturer in-lbs. | Status: ☐ PASS ☐ DEFECT |
| ☐ Neutral / Ground Bond: Proper separation at subpanels; main bonding jumper sized to 250.102. | Status: ☐ PASS ☐ DEFECT |
| ☐ Enclosure & Deadfront: Covers tight, zero missing knockouts; clearance 36" depth (110.26). | Status: ☐ PASS ☐ DEFECT |
| ☐ Phase Conductor Health: Zero thermal discoloration; phase balancing verified within 10%. | Status: ☐ PASS ☐ DEFECT |
| ☐ Infrared Thermal Scan: No hot spots > 10 deg C rise over ambient or adjacent phases. | Status: ☐ PASS ☐ DEFECT |

2. ARC FLASH BOUNDARY & NFPA 70E PPE COMPLIANCE

- | | |
|--|---|
| ☐ Arc Flash Warning Label: Legible, calculated incident energy (cal/cm2) & boundary distance posted. | Status: ☐ PASS ☐ DEFECT |
| ☐ Working Clearance Envelope: Zero storage within 36" depth, 30" width, 6.5 ft headroom. | Status: ☐ PASS ☐ DEFECT |
| ☐ PPE Level Required: ☐ Category 1 (4 cal) ☐ Category 2 (8 cal) ☐ Category 4 (40 cal). | Status: ☐ PASS ☐ DEFECT |
| ☐ Lockout / Tagout (LOTO): Verified zero energy state with calibrated multimeter prior to servicing. | Status: ☐ PASS ☐ DEFECT |
| ☐ GFCI / AFCI Protection: Monthly push-button test completed on applicable branch circuits. | Status: ☐ PASS ☐ DEFECT |

3. GROUNDING ELECTRODE & MEGGER INSULATION TEST

GROUND RESISTANCE: Fall-of-Potential: _____ Ohms (Target < 25 Ohms / Supplemental Rod)

MEGGER TEST (1000V DC): Phase A-G: _____ M-Ohm Phase B-G: _____ M-Ohm Phase C-G: _____ M-Ohm

TRANSFORMER SECONDARY: X1-X2: _____ V X2-X3: _____ V X1-X3: _____ V Ground Bond: ☐ OK

SURGE PROTECTIVE DEVICE (SPD): Type: ☐ 1 ☐ 2 Status LED: ☐ GREEN Fault: ☐ NONE

CIRCUIT DIRECTORY: Legibly typed, permanently affixed, zero generic or blank labels.

4. DEFICIENCIES NOTED & MASTER ELECTRICIAN CERTIFICATION

CORRECTIVE ACTIONS / CODE VIOLATIONS TO REMEDIATE:

MASTER ELECTRICIAN: _____ STATE LICENSE #: _____

FACILITY MANAGER / SAFETY DIRECTOR: _____ DATE: _____

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