

Date:	Inspector:	Financial Project ID:	As-Built Drawing No:
Site Identification Name (SIN) <b>ELEC -</b>		Latitude/Longitude (N/W) or State Plane Coordinate (N/E)	
District: _____ County: _____		_____ = _____ _____ = _____	

**Electric Site Infrastructure**

General Site Information	Electric Site Administrative Usage
Year Installed: _____ Distance to Travel Lane: _____ Located in Clear Zone: <input type="checkbox"/> Yes <input type="checkbox"/> No Lane Closure Required for Bucket Truck: <input type="checkbox"/> Yes <input type="checkbox"/> No Photos: <input type="checkbox"/> Site   File Name: _____ Electric Circuit Name: _____ Panel/Enclosure Mount Type: <input type="checkbox"/> Pole <input type="checkbox"/> Pad <input type="checkbox"/> Wall <input type="checkbox"/> Unistrut <input type="checkbox"/> Structure <input type="checkbox"/> Cabinet Exterior <input type="checkbox"/> Cabinet Interior	<input type="checkbox"/> Electrical Load Center <input type="checkbox"/> Meter Point <input type="checkbox"/> Service Point <hr/> <p style="text-align: center;"><b>Power Service Information</b></p> The Power Service to this Electric Site is provided from the following Utility Demarcation Site: SIN: <b>UDS -</b>

Electrical Housing (A)	Electric Meter
Date Installed (yyyy-mm-dd): _____ Housing Type: <input type="checkbox"/> Panel <input type="checkbox"/> Enclosure <input type="checkbox"/> Disconnect Panel/Enclosure Type: <input type="checkbox"/> Breaker <input type="checkbox"/> Fused <input type="checkbox"/> Non-Fused Switch <input type="checkbox"/> Fused Switch <u>Panel/Enclosure Voltage Rating:</u> <input type="checkbox"/> 120 <input type="checkbox"/> 120/240 <input type="checkbox"/> 120/208 <input type="checkbox"/> 240 <input type="checkbox"/> 480 <input type="checkbox"/> 600 <input type="checkbox"/> Other: _____ <u>Panel/Enclosure Amperage Rating:</u> <input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 70 <input type="checkbox"/> 80 <input type="checkbox"/> 100 <input type="checkbox"/> 125 <input type="checkbox"/> 150 <input type="checkbox"/> 200 <input type="checkbox"/> 225 <input type="checkbox"/> 250 <input type="checkbox"/> 400 <input type="checkbox"/> Other: _____ <u>Main Breaker/Fuse Amperage Rating:</u> <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> 25 <input type="checkbox"/> 30 <input type="checkbox"/> 40 <input type="checkbox"/> 45 <input type="checkbox"/> 50 <input type="checkbox"/> 60 <input type="checkbox"/> 70 <input type="checkbox"/> 80 <input type="checkbox"/> 100 <input type="checkbox"/> 125 <input type="checkbox"/> 150 <input type="checkbox"/> 200 <input type="checkbox"/> 250 <input type="checkbox"/> 400 <input type="checkbox"/> Other: _____ <u>Distribution Breakers / Fuses:</u> Distribution #1: Amp: _____ QTY: _____ Distribution #2: Amp: _____ QTY: _____ Distribution #3: Amp: _____ QTY: _____ Distribution #4: Amp: _____ QTY: _____ Distribution #5: Amp: _____ QTY: _____	Electric Site is: <input type="checkbox"/> Metered <input type="checkbox"/> Non-Metered Utility Co. Meter No.: _____ Meter Address: _____ Service Provider: _____ <hr/> <p style="text-align: center;"><b>Transformer</b></p> Transformer Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Installed (yyyy-mm-dd): _____ <u>Input Voltage Rating:</u> <input type="checkbox"/> 120/240 <input type="checkbox"/> 208 <input type="checkbox"/> 240 <input type="checkbox"/> 277 <input type="checkbox"/> 240/480 <input type="checkbox"/> 480 <input type="checkbox"/> 600 <input type="checkbox"/> Other: _____ <u>Output Voltage Rating:</u> <input type="checkbox"/> 120/240 <input type="checkbox"/> 208 <input type="checkbox"/> 240 <input type="checkbox"/> 277 <input type="checkbox"/> 240/480 <input type="checkbox"/> 480 <input type="checkbox"/> 600 <input type="checkbox"/> Other: _____ Kilovolt-Ampere (kVA) Rating: <input type="checkbox"/> 1 <input type="checkbox"/> 1.5 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 7.5 <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 25 <input type="checkbox"/> 37.5 <input type="checkbox"/> 50 <input type="checkbox"/> 75 <input type="checkbox"/> 100 <input type="checkbox"/> 125 <input type="checkbox"/> 150 <input type="checkbox"/> 200 <input type="checkbox"/> 224 <input type="checkbox"/> 300 <input type="checkbox"/> 500 <input type="checkbox"/> Other: _____

Electric Housing Surge Protection	
Surge Protection Device <input type="checkbox"/> (IS) <input type="checkbox"/> (IS NOT) installed at Electric Housing: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E  Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____ Voltage Rating: <input type="checkbox"/> 120 <input type="checkbox"/> 175 <input type="checkbox"/> 600 <input type="checkbox"/> 650 <input type="checkbox"/> Other: _____	Surge Protection Device <input type="checkbox"/> (IS) <input type="checkbox"/> (IS NOT) installed at Electric Housing: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E  Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____ Voltage Rating: <input type="checkbox"/> 120 <input type="checkbox"/> 175 <input type="checkbox"/> 600 <input type="checkbox"/> 650 <input type="checkbox"/> Other: _____
Electric Housing Surge Protection	
Surge Protection Device <input type="checkbox"/> (IS) <input type="checkbox"/> (IS NOT) installed at Electric Housing: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E  Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____ Voltage Rating: <input type="checkbox"/> 120 <input type="checkbox"/> 175 <input type="checkbox"/> 600 <input type="checkbox"/> 650 <input type="checkbox"/> Other: _____	Surge Protection Device <input type="checkbox"/> (IS) <input type="checkbox"/> (IS NOT) installed at Electric Housing: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E  Date Installed (yyyy-mm-dd): _____ Manufacturer: _____ Model: _____ Voltage Rating: <input type="checkbox"/> 120 <input type="checkbox"/> 175 <input type="checkbox"/> 600 <input type="checkbox"/> 650 <input type="checkbox"/> Other: _____
Load Center Stand-By Power Supply	
The Load Center ( <input type="checkbox"/> is equipped <input type="checkbox"/> is Not equipped) with a Permanent stand-by generator.  <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor  Date Installed (yyyy-mm-dd): _____ Facility Owner: _____	The Load Center ( <input type="checkbox"/> is equipped <input type="checkbox"/> is Not equipped) with an External Generator Receptacle to support a Portable stand-by generator.
Permanent Stand-By Generator	
Property Id: _____ Manufacturer: _____ Model: _____ Serial No.: _____ <u>Kilowatt Rating:</u> Prime: _____ KW Stand-by: _____ KW <u>Output Voltage:</u> <input type="checkbox"/> 120 <input type="checkbox"/> 120/240 <input type="checkbox"/> 240 <input type="checkbox"/> 440 <input type="checkbox"/> 480 <input type="checkbox"/> 600 <input type="checkbox"/> Other: _____ <u>Number of Phases:</u> <input type="checkbox"/> Single Phase <input type="checkbox"/> 2 Phase <input type="checkbox"/> 3 Phase <input type="checkbox"/> Unknown <u>Fuel Tank Type:</u> <input type="checkbox"/> Aboveground <input type="checkbox"/> Underground <input type="checkbox"/> Unknown <u>Fuel Type:</u> <input type="checkbox"/> Diesel <input type="checkbox"/> Propane <input type="checkbox"/> Other: _____ Fuel Capacity: _____ Gallons	Date Installed (yyyy-mm-dd): _____ Facility Owner: _____ The Load Center ( <input type="checkbox"/> is equipped <input type="checkbox"/> is Not equipped) with a Transfer Switch. <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor Transfer Switch Type: <input type="checkbox"/> Manual <input type="checkbox"/> Automatic Manufacturer: _____ Model: _____ Input Voltage Rating: _____ Output Voltage Rating: _____ Number of Phases: <input type="checkbox"/> Single Phase <input type="checkbox"/> 2 Phase <input type="checkbox"/> 3 Phase Kilowatt Rating (KVA) : _____
Stand-By Generator Disconnect/ Transfer Switch	

Electrical Housing (B)	Electrical Housing (C)
<p>Date Installed (yyyy-mm-dd): _____</p> <p>Housing Type: <input type="checkbox"/> Panel <input type="checkbox"/> Enclosure <input type="checkbox"/> Disconnect</p> <p>Panel/Enclosure Type: : <input type="checkbox"/> Breaker <input type="checkbox"/> Fused  <input type="checkbox"/> Non-Fused Switch <input type="checkbox"/> Fused Switch</p> <p><u>Panel/Enclosure Voltage Rating:</u></p> <p><input type="checkbox"/> 120 <input type="checkbox"/> 120/240 <input type="checkbox"/> 120/208 <input type="checkbox"/> 240 <input type="checkbox"/> 480 <input type="checkbox"/> 600  <input type="checkbox"/> Other: _____</p> <p><u>Panel/Enclosure Amperage Rating:</u></p> <p><input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 70 <input type="checkbox"/> 80 <input type="checkbox"/> 100 <input type="checkbox"/> 125 <input type="checkbox"/> 150  <input type="checkbox"/> 200 <input type="checkbox"/> 225 <input type="checkbox"/> 250 <input type="checkbox"/> 400 <input type="checkbox"/> Other: _____</p> <p><u>Main Breaker/Fuse Amperage Rating:</u></p> <p><input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> 25 <input type="checkbox"/> 30 <input type="checkbox"/> 40 <input type="checkbox"/> 45  <input type="checkbox"/> 50 <input type="checkbox"/> 60 <input type="checkbox"/> 70 <input type="checkbox"/> 80 <input type="checkbox"/> 100 <input type="checkbox"/> 125 <input type="checkbox"/> 150  <input type="checkbox"/> 200 <input type="checkbox"/> 250 <input type="checkbox"/> 400 <input type="checkbox"/> Other: _____</p> <p><u>Distribution Breakers / Fuses:</u></p> <p>Distribution #1: Amp: _____ QTY: _____</p> <p>Distribution #2: Amp: _____ QTY: _____</p> <p>Distribution #3: Amp: _____ QTY: _____</p>	<p>Date Installed (yyyy-mm-dd): _____</p> <p>Housing Type: <input type="checkbox"/> Panel <input type="checkbox"/> Enclosure <input type="checkbox"/> Disconnect</p> <p>Panel/Enclosure Type: : <input type="checkbox"/> Breaker <input type="checkbox"/> Fused  <input type="checkbox"/> Non-Fused Switch <input type="checkbox"/> Fused Switch</p> <p><u>Panel/Enclosure Voltage Rating:</u></p> <p><input type="checkbox"/> 120 <input type="checkbox"/> 120/240 <input type="checkbox"/> 120/208 <input type="checkbox"/> 240 <input type="checkbox"/> 480 <input type="checkbox"/> 600  <input type="checkbox"/> Other: _____</p> <p><u>Panel/Enclosure Amperage Rating:</u></p> <p><input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 70 <input type="checkbox"/> 80 <input type="checkbox"/> 100 <input type="checkbox"/> 125 <input type="checkbox"/> 150  <input type="checkbox"/> 200 <input type="checkbox"/> 225 <input type="checkbox"/> 250 <input type="checkbox"/> 400 <input type="checkbox"/> Other: _____</p> <p><u>Main Breaker/Fuse Amperage Rating:</u></p> <p><input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> 25 <input type="checkbox"/> 30 <input type="checkbox"/> 40 <input type="checkbox"/> 45  <input type="checkbox"/> 50 <input type="checkbox"/> 60 <input type="checkbox"/> 70 <input type="checkbox"/> 80 <input type="checkbox"/> 100 <input type="checkbox"/> 125 <input type="checkbox"/> 150  <input type="checkbox"/> 200 <input type="checkbox"/> 250 <input type="checkbox"/> 400 <input type="checkbox"/> Other: _____</p> <p><u>Distribution Breakers / Fuses:</u></p> <p>Distribution #1: Amp: _____ QTY: _____</p> <p>Distribution #2: Amp: _____ QTY: _____</p> <p>Distribution #3: Amp: _____ QTY: _____</p>
Electrical Housing (D)	Electrical Housing (E)
<p>Date Installed (yyyy-mm-dd): _____</p> <p>Housing Type: <input type="checkbox"/> Panel <input type="checkbox"/> Enclosure <input type="checkbox"/> Disconnect</p> <p>Panel/Enclosure Type: : <input type="checkbox"/> Breaker <input type="checkbox"/> Fused  <input type="checkbox"/> Non-Fused Switch <input type="checkbox"/> Fused Switch</p> <p><u>Panel/Enclosure Voltage Rating:</u></p> <p><input type="checkbox"/> 120 <input type="checkbox"/> 120/240 <input type="checkbox"/> 120/208 <input type="checkbox"/> 240 <input type="checkbox"/> 480 <input type="checkbox"/> 600  <input type="checkbox"/> Other: _____</p> <p><u>Panel/Enclosure Amperage Rating:</u></p> <p><input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 70 <input type="checkbox"/> 80 <input type="checkbox"/> 100 <input type="checkbox"/> 125 <input type="checkbox"/> 150  <input type="checkbox"/> 200 <input type="checkbox"/> 225 <input type="checkbox"/> 250 <input type="checkbox"/> 400 <input type="checkbox"/> Other: _____</p> <p><u>Main Breaker/Fuse Amperage Rating:</u></p> <p><input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> 25 <input type="checkbox"/> 30 <input type="checkbox"/> 40 <input type="checkbox"/> 45  <input type="checkbox"/> 50 <input type="checkbox"/> 60 <input type="checkbox"/> 70 <input type="checkbox"/> 80 <input type="checkbox"/> 100 <input type="checkbox"/> 125 <input type="checkbox"/> 150  <input type="checkbox"/> 200 <input type="checkbox"/> 250 <input type="checkbox"/> 400 <input type="checkbox"/> Other: _____</p> <p><u>Distribution Breakers / Fuses:</u></p> <p>Distribution #1: Amp: _____ QTY: _____</p> <p>Distribution #2: Amp: _____ QTY: _____</p> <p>Distribution #3: Amp: _____ QTY: _____</p>	<p>Date Installed (yyyy-mm-dd): _____</p> <p>Housing Type: <input type="checkbox"/> Panel <input type="checkbox"/> Enclosure <input type="checkbox"/> Disconnect</p> <p>Panel/Enclosure Type: : <input type="checkbox"/> Breaker <input type="checkbox"/> Fused  <input type="checkbox"/> Non-Fused Switch <input type="checkbox"/> Fused Switch</p> <p><u>Panel/Enclosure Voltage Rating:</u></p> <p><input type="checkbox"/> 120 <input type="checkbox"/> 120/240 <input type="checkbox"/> 120/208 <input type="checkbox"/> 240 <input type="checkbox"/> 480 <input type="checkbox"/> 600  <input type="checkbox"/> Other: _____</p> <p><u>Panel/Enclosure Amperage Rating:</u></p> <p><input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 70 <input type="checkbox"/> 80 <input type="checkbox"/> 100 <input type="checkbox"/> 125 <input type="checkbox"/> 150  <input type="checkbox"/> 200 <input type="checkbox"/> 225 <input type="checkbox"/> 250 <input type="checkbox"/> 400 <input type="checkbox"/> Other: _____</p> <p><u>Main Breaker/Fuse Amperage Rating:</u></p> <p><input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> 25 <input type="checkbox"/> 30 <input type="checkbox"/> 40 <input type="checkbox"/> 45  <input type="checkbox"/> 50 <input type="checkbox"/> 60 <input type="checkbox"/> 70 <input type="checkbox"/> 80 <input type="checkbox"/> 100 <input type="checkbox"/> 125 <input type="checkbox"/> 150  <input type="checkbox"/> 200 <input type="checkbox"/> 250 <input type="checkbox"/> 400 <input type="checkbox"/> Other: _____</p> <p><u>Distribution Breakers / Fuses:</u></p> <p>Distribution #1: Amp: _____ QTY: _____</p> <p>Distribution #2: Amp: _____ QTY: _____</p> <p>Distribution #3: Amp: _____ QTY: _____</p>