

Electric Housing Surge Protection	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: _____
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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	Stand-By Generator Disconnect/ Transfer Switch
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) : _____

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>