

Date:	Inspector:	Financial Project ID:	As-Built Drawing No:
Site Identification Name (SIN) District: _____ County: _____ <u>Type</u> <u>Route</u> <u>Mile Marker</u> <u>Lane</u> <u>Letter</u> ELEC - - - -		Street Address: _____ City: _____	Latitude / Longitude (N/W) N = _____ W = _____
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	
		Power Service Information	
		The Power Service to this Electric Site is provided from the following Utility Demarcation Site: SIN: UDS -	
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: _____	
		Transformer	
		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: _____	

Site Identification Name:

Electrical Site Attribute Form

Type Route Mile Marker Lane Letter

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ELEC - - - -

Electric Housing Surge Protection

Electric Housing Surge Protection

Surge Protection Device (IS) (IS NOT) installed at
Electric Housing: A B C D E

Surge Protection Device (IS) (IS NOT) installed at
Electric Housing: A B C D E

Date Installed (yyyy-mm-dd): _____

Date Installed (yyyy-mm-dd): _____

Manufacturer: _____

Manufacturer: _____

Model: _____

Model: _____

Voltage Rating: 120 175 600 650

Voltage Rating: 120 175 600 650

Other: _____

Other: _____

Electric Housing Surge Protection

Electric Housing Surge Protection

Surge Protection Device (IS) (IS NOT) installed at
Electric Housing: A B C D E

Surge Protection Device (IS) (IS NOT) installed at
Electric Housing: A B C D E

Date Installed (yyyy-mm-dd): _____

Date Installed (yyyy-mm-dd): _____

Manufacturer: _____

Manufacturer: _____

Model: _____

Model: _____

Voltage Rating: 120 175 600 650

Voltage Rating: 120 175 600 650

Other: _____

Other: _____

Load Center Stand-By Power Supply

The Load Center (is equipped is Not equipped)
with a Permanent stand-by generator.

Indoor Outdoor

Date Installed (yyyy-mm-dd): _____

Facility Owner: _____

The Load Center (is equipped 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.: _____

Kilowatt Rating:

Prime: _____ KW Stand-by: _____ KW

Output Voltage:

120 120/240 240 440 480 600

Other: _____

Number of Phases:

Single Phase 2 Phase 3 Phase Unknown

Fuel Tank Type:

Aboveground Underground Unknown

Fuel Type:

Diesel Propane Other: _____

Fuel Capacity: _____ Gallons

Date Installed (yyyy-mm-dd): _____

Facility Owner: _____

The Load Center (is equipped is Not equipped)
with a Transfer Switch.

Indoor Outdoor

Transfer Switch Type: Manual Automatic

Manufacturer: _____

Model: _____

Input Voltage Rating: _____ Output Voltage Rating: _____

Number of Phases: Single Phase 2 Phase 3 Phase

Kilowatt Rating (KVA) : _____

Site Identification Name:

Electrical Site Attribute Form

Type Route Mile Marker Lane Letter

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ELEC - - - -

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>Panel/Enclosure Voltage Rating:</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>Panel/Enclosure Amperage Rating:</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>Main Breaker/Fuse Amperage Rating:</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>Distribution Breakers / Fuses:</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>Panel/Enclosure Voltage Rating:</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>Panel/Enclosure Amperage Rating:</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>Main Breaker/Fuse Amperage Rating:</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>Distribution Breakers / Fuses:</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>Panel/Enclosure Voltage Rating:</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>Panel/Enclosure Amperage Rating:</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>Main Breaker/Fuse Amperage Rating:</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>Distribution Breakers / Fuses:</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>Panel/Enclosure Voltage Rating:</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>Panel/Enclosure Amperage Rating:</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>Main Breaker/Fuse Amperage Rating:</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>Distribution Breakers / Fuses:</p> <p>Distribution #1: Amp: _____ QTY: _____</p> <p>Distribution #2: Amp: _____ QTY: _____</p> <p>Distribution #3: Amp: _____ QTY: _____</p>