

Form V.2		Equipment formal visual and combined inspection and test record				
Inspector (Note 1)	Name:		Client: (Note 2)			
	Organization:					
	Date:					
Item		Note	Item 1	Item 2	Item 3	Item 4
Equipment ID No.		3				
Description		4				
Construction Class		5				
Location		6				
Frequency	Formal Visual Inspection	7				
	Combined Inspection & Test	8				
Make		9				
Model						
Serial No.						
Voltage (V) (if different from 230 V)		10				
Rating (watts or A)		11				
Fuse (A)		12				
Condition of: (✓ or X)	Socket-outlet	13				
	Plug	13				
	Flex	13				
	Body	13				
	Other	13				
Test Results	Continuity (Ω)	14				
	Insulation Resistance (MΩ)	14				
	Polarity (✓ or X)	14				
	Function (✓ or X)	14				
	Other (please state)	14				
Suitable for environment (Y or N)		15				
Comments		16				
Suitable for continued use (Y or N)		17				
Initials		18				