

# Visual Inspection of Portable Electrical Equipment



DEPARTMENT		BUILDING		ROOM		DATE	
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Item Description / ID	PLUG		CABLE		CASING		Reason for failing	Action taken	Name
	Pass	Fail	Pass	Fail	Pass	Fail			

<p><b>PLUG – CHECK FOR:</b></p> <ul style="list-style-type: none"> <li>securely connected to the cable</li> <li>live, neutral or earth wires visible</li> <li>pins straight and secure</li> <li>signs of overheating e.g. scorch marks</li> <li>cracks or chipped</li> </ul>	<p><b>CABLE – CHECK FOR:</b></p> <ul style="list-style-type: none"> <li>badly connected or poorly anchored.</li> <li>live, neutral or earth wires visible</li> <li>damaged, broken or cracked</li> <li>taped joints</li> <li>outer sleeve not gripped where it enters the plug or equipment?</li> </ul>	<p><b>CASING – CHECK FOR:</b></p> <ul style="list-style-type: none"> <li>loose parts</li> <li>cracks / damage / signs of having been dropped</li> <li>corrosion / chemical damage</li> <li>any signs the equipment has been modified</li> </ul>
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