

Ground Fault Circuit Interrupter - GFCI Receptacle Inspection - Monthly

Name of Property: _____

Date of Inspection: _____

Name of Technician: _____

Affiliation of Technician: _____

Signature of Technician: _____

Using the appropriate ground-fault testing device, follow the manufacturer's recommendations and test each GFCI receptacle. Record a "Pass" or "Fail" result.

| GFCI Receptacle Locations | Pass | Fail | N/A | Comments |
|----------------------------------|-------------|-------------|------------|-----------------|
| 1. _____ | | | | |
| 2. _____ | | | | |
| 3. _____ | | | | |
| 4. _____ | | | | |
| 5. _____ | | | | |
| 6. _____ | | | | |
| 7. _____ | | | | |
| 8. _____ | | | | |
| 9. _____ | | | | |
| 10. _____ | | | | |
| 11. _____ | | | | |
| 12. _____ | | | | |
| 13. _____ | | | | |

All "Failed" devices must be repaired and re-tested.

Supervisor's Initial: _____ Date: _____ Work Order #: _____