

Workplace Electrical Safety Observation Form

Evaluator Name: _____ Date : _____ Time: _____ AM/PM

Worker 1 Observed: _____

Worker 2 Observed: _____

Please check the boxes below including a brief description of the discrepancy related to each "No" checked. In the comment section or back side of form.

Job & Location: _____

I. PERSONAL SAFETY

	Worker 1				Worker 2			Comments
	Yes	No	N/A		Yes	No	N/A	
Arc Rated Clothing On							_____ Cal/cm ² or PPE Level _____	
Face and Eye Protection Used								
Rubber Gloves: in Tolerance, Tested, Used								
Leather Protector Gloves Used								
Insulated Tools Used								
GFCI Portable Device Used								

II. PROPER WORK METHODS

	Yes	No	N/A
Can Identify Potentially Energized Parts Y/N _____, Nominal Voltage: _____ volts			
Can State Approach Boundaries: Limited: _____ Restricted: _____ Arc Flash: _____			
Accurately Determined Arc Flash Hazard at 18" Working Distance			
Lockout/Tagout Equipment and Procedures Used Properly			
Sufficiently Illuminated			
Testing properly with Appropriate Meter to Determine all Parts are De-energized			
Housekeeping Clean and Neat on Job Site			
Visually Inspect Equipment, PPE, Meters, Cords and Test Leads			
Equipment is Properly Grounded			
Demonstrate Knowledge of Construction and Operation of Equipment			

III. COMMENTS

Please explain any "NO" answers and note any other deficiencies that are not specifically covered by a checklist item:

Employee Signature		Date	
Employee Signature		Date	
Evaluator Signature		Date	