

YOUR LOGO

Company name

Address · Phone · License #

Electrical Service Report

No. _____

CUSTOMER

SERVICE ADDRESS

DATE

TIME ON SITE

TECHNICIAN

REPORTED PROBLEM / SCOPE

PANEL BRAND

PANEL RATING

_____ A

WIRING TYPE (CHECK ALL THAT APPLY)

☐ Copper ☐ Aluminum branch ☐ Knob & tube ☐ Cloth / older NM

PANEL & SAFETY CHECKLIST

#	ITEM	PASS	ACTION NEEDED	NOT CHECKED	FINDING / NOTES
01	Breakers & labeling	☐	☐	☐	
02	Grounding & bonding	☐	☐	☐	
03	GFCI protection	☐	☐	☐	
04	AFCI protection	☐	☐	☐	
05	Smoke / CO alarms	☐	☐	☐	
06	Thermal scan (hot spots)	☐	☐	☐	
07	Panel hazards (double taps, FPE / Zinsco)	☐	☐	☐	

SERVICE VOLTAGE L1-L2

_____ V

WORK PERFORMED

PHOTOS

Attach photos or list photo numbers: _____

NOTES & RECOMMENDATIONS

RECOMMENDED BUT DECLINED BY CUSTOMER

TECHNICIAN SIGNATURE

Name: _____ Date: _____

CUSTOMER SIGNATURE

Name: _____ Date: _____