

Commercial Electrical Inspection Form

Applicant/Insured Name: LAKE CLARKE GARDENS HOA Application/Policy#: _____
 Location Address Inspected: 2534 S GARDEN DR. Building Number Inspected: 20A
 Date of Inspection: 5/18/2023

Documentation: Attach inspection photos and any supplemental documentation used to confirm the age or condition of the electrical system.

Electrical System Summary	Year Built: <u>1970</u>		
Is the electrical system in good working order?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>
Does the entire electrical system meet applicable code?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>
Is the system sufficient for the load requirement?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>
Is the system properly grounded?	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>
Are there any safety concerns, deficiencies, or update recommendations?	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

Main Electrical Panel	Secondary Electrical Panel	Branch Wiring Circuits
<input checked="" type="checkbox"/> Circuit Breaker <input type="checkbox"/> Fuses	<input checked="" type="checkbox"/> Circuit Breaker <input type="checkbox"/> Fuses	
Manufacturer: <u>FPE</u> Amperage Rating: <u>600</u> Is amperage rating adequate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Year of Last Panel Update: <u>N/A</u> Is a panel update recommended? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Please describe the last update or any recommended updates in the comment section.</i> Condition: <input type="checkbox"/> evidence of scorching <input type="checkbox"/> signs of corrosion <input type="checkbox"/> loose connections <input type="checkbox"/> improper grounding <input type="checkbox"/> GFI breakers not working correctly <input type="checkbox"/> breakers not sized correctly <input type="checkbox"/> double taps <input type="checkbox"/> open knockouts <input type="checkbox"/> missing panel cover <input type="checkbox"/> Other: _____ <input checked="" type="checkbox"/> No hazards present	Manufacturer: <u>FPE</u> Amperage Rating: <u>600</u> Is amperage rating adequate? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Year of Last Panel Update: <u>N/A</u> Is a panel update recommended? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Please describe the last update or any recommended updates in the comment section.</i> Condition: <input type="checkbox"/> evidence of scorching <input type="checkbox"/> signs of corrosion <input type="checkbox"/> loose connections <input type="checkbox"/> improper grounding <input type="checkbox"/> GFI breakers not working correctly <input type="checkbox"/> breakers not sized correctly <input type="checkbox"/> double taps <input type="checkbox"/> open knockouts <input type="checkbox"/> missing panel cover <input type="checkbox"/> Other: _____ <input checked="" type="checkbox"/> No hazards present	Wiring Type: <input type="checkbox"/> Aluminum (single strand) <input type="checkbox"/> Aluminum (multi strand) <input checked="" type="checkbox"/> Copper <input type="checkbox"/> Copper Clad <input type="checkbox"/> Knob and Tube <input type="checkbox"/> Other: _____ Condition: <input type="checkbox"/> ungrounded or inoperative outlets <input type="checkbox"/> missing GFCI outlets <input type="checkbox"/> overuse of outlets/power strips <input type="checkbox"/> extension cord used as permanent wiring <input type="checkbox"/> broken/unsupported light fixtures <input type="checkbox"/> Other: _____ <input checked="" type="checkbox"/> No hazards present
Comments: _____ _____		

This Inspection Form and the information set forth in it are provided solely for the purpose of verifying that no unsafe or inadequate electrical wiring conditions / deficiencies exist at the Location Address listed above and for no other purpose. It is not intended to constitute legal or professional advice. The information provided should not be relied upon, or treated as, as substitute for specific advice relevant to particular circumstances. The undersigned does not make a health or safety certification or warranty, express or implied, of any kind, and nothing in this Form shall be construed to impose on the undersigned or on any entity to which the undersigned is affiliated any liability or obligation of any nature to the named insured or to any other person or entity.

All Electrical Inspection Forms must be completed, signed, and dated by a Florida-licensed electrician or general contractor.
 I certify that the above statements are true and correct.

BRIAN BRITO	561-350-0836	
Inspector Name (printed)	Telephone Number	
	GENERAL CONTRACTOR	CGC 1513974
Signature of Inspector	License Type	License Number
		5/18/2023
		Date

"Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. F.S. 817.234"

ELECTRICAL PICTURES:



2- 600 AMP SERVICE MAINS



100 AMP BREAKERS