

Electrical Safety Management Checklist

Department.....

Equipment.....

Date / /

Frequency of Checks Daily / Weekly / Monthly (delete as applicable)

Completed By..... Position.....

Item	Check	Fault Identified
1.	Is there any indication of damage to electrical leads?	<input type="checkbox"/> No Fault <input type="checkbox"/> Fault Identified Details:
2.	Have any repairs been carried out to leads that appear unsafe?	<input type="checkbox"/> No Fault <input type="checkbox"/> Fault Identified Details:
3.	Are all plugs and connectors in good condition?	<input type="checkbox"/> No Fault <input type="checkbox"/> Fault Identified Details:
4.	Where possible, are items hard-wired to a fixed isolator?	<input type="checkbox"/> No Fault <input type="checkbox"/> Fault Identified Details:
5.	Are cables well positioned, off the floor and away from areas where they could be	<input type="checkbox"/> No Fault <input type="checkbox"/> Fault Identified

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	accidentally damaged?	Details:
6.	Are cables routed to avoid potential wear and abrasion?	<input type="checkbox"/> No Fault <input type="checkbox"/> Fault Identified Details:
7.	Are cable sheaths in good condition along the full length of the cable?	<input type="checkbox"/> No Fault <input type="checkbox"/> Fault Identified Details:
8.	Are plugs and connectors properly wired (no internal wires or sheaths showing)?	<input type="checkbox"/> No Fault <input type="checkbox"/> Fault Identified Details:
9.	Is there any sign of overheating?	<input type="checkbox"/> No Fault <input type="checkbox"/> Fault Identified Details:
10.	Does the equipment casing appear to be in good condition and free from cracks or damage?	<input type="checkbox"/> No Fault <input type="checkbox"/> Fault Identified Details:
11.	Are there any risks associated with the position of the electrical equipment?	<input type="checkbox"/> No Fault <input type="checkbox"/> Fault Identified Details:
12.	Is the equipment properly rated for the task?	<input type="checkbox"/> No Fault <input type="checkbox"/> Fault Identified Details:



13.	Are all covers, casing fitments and access panels properly positioned?	<input type="checkbox"/> No Fault <input type="checkbox"/> Fault Identified Details:
14.	Is the equipment clean and tidy?	<input type="checkbox"/> No Fault <input type="checkbox"/> Fault Identified Details:
15.	Is there a risk of water (or other liquids / vapours) gaining entry into the equipment?	<input type="checkbox"/> No Fault <input type="checkbox"/> Fault Identified Details:
16.	Has the equipment been inspected by a competent person?	<input type="checkbox"/> No Fault <input type="checkbox"/> Fault Identified Details:
17.	Is the inspection date in line with current policy?	<input type="checkbox"/> No Fault <input type="checkbox"/> Fault Identified Details:
18.	Has a label been affixed indicating the next 'Test Due' date?	<input type="checkbox"/> No Fault <input type="checkbox"/> Fault Identified Details:
19.	Is the equipment protected by an appropriate fuse?	<input type="checkbox"/> No Fault <input type="checkbox"/> Fault Identified Details:
20.	Is the equipment operating as expected?	<input type="checkbox"/> No Fault <input type="checkbox"/> Fault Identified Details:





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Findings:

