

Appendix 2

ELECTRICITY AT WORK

FORMAL VISUAL INSPECTION CHECKLIST

Name of person carrying out
Check_____

Service_____Location_____

-

Appliance_____Serial No_____

On Inventory - Yes/No

- | | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| 1 <u>The Plug</u> | | |
| a) Is the wrong type of fuse fitted? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Are cable terminations loose or incorrectly made? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Is the cable loose/not secured by the cord grip? | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Are there signs of overheating? | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Are pins bent, corroded or otherwise damaged? | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Is the casing of the plug damaged? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 <u>The Isolation Switch or Socket</u> | | |
| a) Is the wall socket loose or not securely fixed to the wall? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Is the switch difficult to operate? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Does the socket show signs of overheating? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 <u>The Cable</u> | | |
| a) Are there any cuts, kinks, taped joints, fraying and/or burn marks? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Can coloured inner cores be seen anywhere along its length? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Is it loose or ill-fitting at the point of connection with the appliance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 <u>The Appliance</u> | | |

a) Are there any parts cracked, missing, dented or showing signs of overheating?

YES **NO**

b) Are there any insecure parts or loose screws etc?

c) Has it been subject to conditons for which it is not suited eg wet or contaminated?

5) **The Environment**

a) Are any parts cracked, missing dented or showing signs of overheating?

b) Is the equipment going to be used in a wet or dusty environment?

c) Should an RCD circuit breaker be used?

If YES has been ticked in relation to the above questions then please note action taken (ie Appliance taken out of use, trailing cables re-routed, or RCD fitted etc)

ACTION TAKEN

DATE _____

SIGNED _____

ELECTRICITY AT WORK

USER CHECKLIST

Name of person carrying out the check _____

Service _____ Location _____

Appliance _____ Serial
No _____

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1 <u>Condition of the Appliance</u> | | |
| a) Are any parts missing? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Is there obvious damage to the casing? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) When in use does it appear faulty? | | |
| 2 <u>Condition of the Cable</u> | | |
| a) Are there any cuts, kinks, taped joints, fraying and/or burn marks? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Can coloured inner cores be seen anywhere along its length? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 <u>Condition of the Plug</u> | | |
| a) Is the plug cracked, discoloured or otherwise damaged? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Is the cable loose, ie not secured by cable grip? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 <u>Condition of Isolation Switch or Socket</u> | | |
| a) Is the wall socket loose or not securely fixed to the wall? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Is the wall socket cracked, discoloured or otherwise damaged? | <input type="checkbox"/> | <input type="checkbox"/> |

If the answer to any of the above is Yes then the appliance must be taken out of use and the fault reported without delay to the person's Supervisor/Line Manager