



Water Recreation Facility Electrical Inspection Form

2024

Instructions

A Master Electrician should complete ONE electrical inspection for EACH body of water.

Facility Information

Facility Name: _____

Type (Check ONE):

Main Pool Wading Pool Spa Pool Diving Pool Interactive Water Feature Other

Inspection Results

		Yes	No
1.	Pool was filled with water at time of inspection.	<input type="checkbox"/>	<input type="checkbox"/>
2.	Checked and tightened all loose wires found in panels and disconnects.	<input type="checkbox"/>	<input type="checkbox"/>
3.	Checked breakers and fuses for looseness and working condition.	<input type="checkbox"/>	<input type="checkbox"/>
4.	Checked ground fault circuit interrupter for proper working conditions.	<input type="checkbox"/>	<input type="checkbox"/>
5.	Checked underwater fixtures and deck boxes for water leakage from worn or broken gaskets and for broken or deteriorated cords to the fixtures in their cases. Checked clamps that hold fixtures in their cases.	<input type="checkbox"/>	<input type="checkbox"/>
6.	Checked all pole lights and receptacles around the pool for proper bonding, loose conduit connections, breakage, and damaged or missing plates and covers.	<input type="checkbox"/>	<input type="checkbox"/>
7.	Checked all bond wires on all electrical equipment to pool.	<input type="checkbox"/>	<input type="checkbox"/>
8.	Checked all conduits and connectors for tight connections.	<input type="checkbox"/>	<input type="checkbox"/>
9.	Replaced all defective conduits, panels, disconnects, switches, troughs, pull boxes and junction boxes.	<input type="checkbox"/>	<input type="checkbox"/>

Facility Contact Information

Phone Number: _____ Email: _____

Street Address: _____ City: Arlington State: VA Zip: _____

Owner Information

Name: _____

Phone Number: _____ Email: _____

Street Address: _____ City: _____ State: __ Zip: _____

Electrical Contractor Information

Company Name: _____

Phone Number: _____ Email: _____

Street Address: _____ City: _____ State: __ Zip: _____

Certification

I certify that the items listed above have been inspected, and the necessary corrections have been performed. This facility is safe and in full compliance with applicable codes and standards.

Contractor Printed Name: _____ Date: _____

Signature: _____

License Number: _____

Information provided in this application may be subject to disclosure under the Freedom of Information Act (FOIA).