



## Water Recreation Facility Electrical Inspection Form

### 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

Open: ☐ Year-Round ☐ Seasonal

### 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 any defective conduits, panels, disconnects, switches, troughs, pull boxes and junction boxes.                                                                                                         | <input type="checkbox"/> | N/A <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).***