



Appendix D: Annual Workplace Electrical Safety Evaluation Form

Evaluator Name: _____ Date : _____ Time: _____ AM/PM

Worker Observed: _____

Job & Location: _____

Please check the boxes below including a brief description of the discrepancy related to each "No" checked. In the comment section or back side of form.

I. PERSONAL SAFETY

	Yes	No	N/A	Comments
Wearing Proper Clothing				_____ Cal/cm ² or PPE Level _____
Face and Eye Protection Used (if necessary)				
Rubber Gloves: in Tolerance, Tested, Used				
Leather Protector Gloves Used				
Insulated Tools Used				
GFCI Portable Device Used				

II. PROPER WORK METHODS

	Yes	No	N/A
Can Identify Potentially Energized Parts: Nominal Voltage: _____ volts			
Can State Approach Boundaries: Limited: _____ Restricted: _____ Arc Flash: _____			
Lockout/Tagout Equipment and Procedures Used Properly			
Sufficiently Illuminated			
Testing properly with Appropriate Meter to Determine all Parts are De-energized			
Housekeeping Clean and Neat on Job Site			
Visually Inspect Equipment, Meters, Cords and Test Leads			
Demonstrate Knowledge of Construction and Operation of Equipment			

III. COMMENTS

Please explain any "NO" answers and note any other deficiencies that are not specifically covered by a checklist item:

Employee Signature		Date	
Evaluator Signature		Date	