

WHS 24.1 FORM – Record of visual inspection of electrical items

SITE		DATE:	INSPECT	ED BY: (print name)	SIGNATURE:						
When you have completed the inspections, give this form to the site manager so they can complete any required actions. SITE MANAGER's SIGNATURE:											
em Location	Item Description	Make/ Model	ID or serial no. (if applicable)	Result If a fault or hazard is observed, record the action taken in the next column	Action Taken (if hazard or fault was observed) Tick all that apply	Site Manager's Comments					
				Satisfactory OR the following hazard was observed:	☐ Withdrawn from service ☐ Labelled DO NOT USE Other:						
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