

ELECTRICAL INSPECTION ESTIMATE

[Company Name]
[License Number]
[Phone / Email]

Estimate #: _____
Date: _____
Valid Until: _____

CLIENT / PROPERTY ADDRESS

[Name]
[Address]
[City, State, Zip]

INSPECTION SCOPE / NOTES

Property Type: [Residential / Commercial]
Reason: [Periodic / Change of Occupancy / Safety Audit]

Description of Safety Inspection Services	Qty/Hrs	Rate	Amount
General Visual Inspection & Continuity Testing			
Panelboard & Circuit Breaker Assessment			
GFCI/AFCI Testing & Grounding Verification			
Hazard Identification & Compliance Reporting			
Additional Findings / Remediation Labor (Estimated)			

Subtotal: \$ _____
Tax: \$ _____
Total Estimate: \$ _____

Terms: This estimate is based on a visual and non-invasive inspection. Costs for repairs of hidden faults or code violations discovered during testing are not included unless specified. This is not a final invoice.

Client Signature: _____
Date: _____