

# ELECTRICAL SAFETY INSPECTION

Company Name:

License #:

Email/Phone:

INVOICE # \_\_\_\_\_

DATE: \_\_\_\_\_

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## CLIENT / PROPERTY OWNER

Name:

Address:

Phone:

## INSPECTION LOCATION

Address:

Property Type:

Inspector Name:

Description of Safety Checks & Services	Quantity	Unit Price	Total
General Safety Inspection & Certification Fee			
Circuit Breaker / Panel Load Testing			
Grounding & Bonding Verification			
Outlet/GFCI Testing & Remediation			

Description of Safety Checks & Services	Quantity	Unit Price	Total
Parts/Materials (Attach detailed list)			

Subtotal: \$ \_\_\_\_\_

Tax: \$ \_\_\_\_\_

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**GRAND TOTAL: \$ \_\_\_\_\_**

**INSPECTION SUMMARY / NOTES**

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**Payment Terms:** Due upon receipt. Make all checks payable to the company name above.

*Disclaimer: This inspection is limited to the visible components of the electrical system at the time of inspection.*