

Receptacle Tests-Install & Service (Patient Care Areas)

Your Logo
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Facility:

I	Receptacle Tests Install & Svc
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Inspector's Signature:	DATE INSPECTED
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All receptacles in patient care areas (normal & emergency powered) must be tested after initial installation, replacement, or service, and results documented. Provide this form to electrical staff for completion after all construction/service work.

NPFA 99-2012
§6.3.3.2
§6.3.3.2.1
§6.3.3.2.2
§6.3.3.2.3
§6.3.3.2.4
TJC EC: none

TEST PROCEDURES: In each area, ID each outlet starting on the LH side of the main entry door and proceed counter-clockwise back to the entry door; test each individual outlet for the following 4 conditions. Record each on a separate line. Use added pages as needed.

- a. Visually inspect the device and cover that they are intact and in good condition (enter Pass/Fail evaluation in Col "D")
- b. Use a receptacle tester and verify continuity of the ground and polarity (enter Pass/Fail evaluation in Col "E" & 'F')
- c. Use a receptacle tester and verify polarity (enter Pass/Fail evaluation in Col "E" & 'F')
- d. Use a ground blade tension tester and verify tension is no less than 4 oz. (enter Pass/Fail evaluation in Col "G')

IF ANY TEST FAILS, ENTER IN COL "H" A FULL DESCRIPTION OF ISSUE, METHOD & DATE OF CORRECTION & WHO CORRECTED

A	B	C	D	E	F	G	H	I
ROOM #	ROOM NAME	*TYPE OUTLET	DEVICE ID (start L of door & test all, ccw)	Physical Condition Pass/Fail	Ground Continuity Pass/Fail	Polarity Check Pass/Fail	Tension ≥ 4 oz Pass/Fail	If Fail, Describe Corrective Action, Who & Date
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

***Type Outlet:** Enter HG=Hospital Grade; S=Single; D=Duplex; Q=Quad; M=Multiple (over 4) - Every plug-in location must be individually tested

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6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

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