Receptacle Tests-Install & Service (Patient Care Areas)

Receptacle
Tests
Install & Svc

LLSC Form 4o1

Your Logo Here Facility:

Page 1 Inspector's Signature: DATE INSPECTED All receptacles in patient care areas (normal & emergency powered) must be tested after initial installation, replacement, or NPFA 99-2012 service, and results documented. Provide this form to electrical staff for completion after all construction/service work. §6.3.3.2 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") §6.3.3.2.1 b. Use a receptacle tester and verify continuity of the ground and polarity (enter Pass/Fail evaluation in Col "E" & 'F') §6.3.3.2.2 c. Use a receptacle tester and verify polarity (enter Pass/Fail evaluation in Col "E" & 'F') §6.3.3.2.3 d. Use a ground blade tension tester and verify tension is no less than 4 oz. (enter Pass/Fail evaluation in Col "G') §6.3.3.2.4 IF ANY TEST FAILS, ENTER IN COL "H" A FULL DESCRIPTION OF ISSUE, METHOD & DATE OF CORRECTION & WHO CORRECTED TJC EC: none

А	В	C	D	E	F	G	н	Į.
				"a"	"b"	"c"	"d"	
		*TYPE	DEVICE ID	Physical	Ground	Polarity	Tension	
		OUTLET	(start L of door	<u>Condition</u>	<u>Continuity</u>	<u>Check</u>	≥ <u>4 oz</u>	If Fail, Describe Corrective Action,
ROOM #	ROOM NAME		& test all, ccw)	Pass/Fail	Pass/Fail	Pass/Fail	Pass/Fail	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

Your Logo Here	F	Rece	ptacle 1	ests-Inst	tall & So	ervice (P	atient Care A	reas)	I	Receptacle Tests Install & Svc
Inspector's Signature:	;			DATE INSPECTED						Page 2
Α	В	С	D	E	F	G "c"	H "d"		I	

А	В	С	D	E	F	G "c"	H "d"	
		*TYPE		"a" Physical	"b" Ground	"c" Polarity	"d" Tension	
		OUTLET		Condition	Continuity	<u>Check</u>		If Fail, Describe Corrective Action,
ROOM #	ROOM NAME		DEVICE ID	Pass/Fail	Pass/Fail	Pass/Fail	Pass/Fail	Who & Date
1								
2								
3								
4								
5						_		
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

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•	Install & Svc					

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Inspector's S	ignature:		DATE INSPECTED						Page
А	В	С	D	E "a"	F	G "c"	H "d"	I	
ROOM#	ROOM NAME	*TYPE OUTLET	DEVICE ID	"a" Physical Condition Pass/Fail	"b" Ground Continuity Pass/Fail	"c" Polarity <u>Check</u> Pass/Fail	"d" Tension ≥ <u>4 oz</u> Pass/Fail	If Fail, Describe Corr Who & Da	
2									
3									
4									
5									
6									
7									
8									
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15				ļ					

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