

Receptacle Tests-Annual (Patient Care Areas)

A	Receptacle Tests Annual
----------	--------------------------------

Your Logo Here

Facility:

Inspector's Signature:

DATE INSPECTED

Page 1

A. Non-Hospital grade receptacles (normal & emergency powered) at patient bed locations & where deep sedation or general anesthesia is administered must be tested at intervals not exceeding 12 months.

NPFA 99-2012 §6.3.4.1.3

B. All other receptacles (normal & emergency powered) in patient care rooms must be tested at intervals defined by documented performance data. (Facility must have performance data to prove "other than annual" testing is warranted; otherwise test annually)

§6.3.4.1.2

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 "E")
- b. Use a receptacle tester and verify continuity of the ground (enter Pass/Fail evaluation in Col "F")
- c. Use a receptacle tester and verify polarity (enter Pass/Fail evaluation in Col "G")
- d. Use a ground blade tension tester and verify tension is no less than 4 oz. (enter Pass/Fail evaluation in Col "H")

**§6.3.3.2.1
§6.3.3.2.2
§6.3.3.2.3
§6.3.3.2.4**

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

TJC EC: none

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								

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

Receptacle Tests-Annual (Patient Care Areas)

A	Receptacle Tests Annual
----------	--

Your Logo
Here

Facility:

Inspector's Signature:	DATE INSPECTED
-------------------------------	-----------------------

A ROOM #	B ROOM NAME	C	D DEVICE ID	E "a" Physical Condition Pass/Fail	F "b" Ground Continuity Pass/Fail	G "c" Polarity Check Pass/Fail	H "d" Tension 4 oz. Pass/Fail	I If Fail, Describe Corrective Action, Who & Date
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								

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

Receptacle Tests-Annual (Patient Care Areas)



Your Logo Here

Facility:

Inspector's Signature: _____

DATE INSPECTED _____

Page _____

A	B	C	D	E "a" Physical Condition Pass/Fail	F "b" Ground Continuity Pass/Fail	G "c" Polarity Check Pass/Fail	H "d" Tension ≥ 4 oz. Pass/Fail	I If Fail, Describe Corrective Action, Who & Date
ROOM #	ROOM NAME		DEVICE ID					
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

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