**ELECTRICAL APPLIANCES AND EQUIPMENT TESTING AND TAGGING RECORD**

 **Date of Inspection: Location (workplace/school) Tested by:**

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| Date | Equipment Description | Equipment Location (e.g building & room number) | Visual Inspection or Machine Test | Compliant (✓)Non-Compliant (×) | Tag Applied | To be Repaired | Returned to Service | Disposal Date |
|  | e.g. Television | MacKillop Ward - Rm 22 | ✓ | × | × | × |  | 06/01/2016 |
|  | Overhead Projector | Main Building – Classroom 4 | ✓ | ✓ | ✓ |  |  |  |
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Signature of person testing equipment:………………………………………………………………………………………………………………………………………………..

Next inspection due by:…………………………………………………………………………………………………………………………………………………………………..