



FORT BEND COUNTY FIRE MARSHAL'S OFFICE
 1521 EUGENE HEIMANN CIRCLE #114
 RICHMOND, TEXAS 77469
 OFFICE (281) 238-1500 FAX (832)471-2440



ELECTRICAL SYSTEM TEST REPORT

FACILITY NAME: _____ DATE TESTED: _____

ADDRESS: _____

CITY: _____ ZIP: _____ PHONE: (____) _____

THIS IS TO CERTIFY THAT A ELECTRICAL SYSTEM TEST AND INSPECTION HAS BEEN MADE AT THE ABOVE LOCATION IN ACCORDANCE WITH THE REQUIREMENTS OF THE NATIONAL ELECTRIC CODE NFPA 70.

CHECK ONE:

_____ THE SYSTEM IS FREE FROM ANY DEFECTS AND IS PROPERLY GROUNDED.

_____ THE SYSTEM IS IN NEED OF REPAIR- DESCRIBE: _____

_____ THE SYSTEM HAS BEEN REPAIRED-DESCRIBE: _____

DATE REPAIRED: _____

SIGNED: _____

TX STATE ELECTRICIAN LICENSE # _____

COMPANY: _____

ADDRESS: _____

CITY: _____ ZIP: _____ PHONE: (____) _____

THIS FORM MUST BE RETURNED TO THE FIRE MARSHAL'S OFFICE, AND A COPY RETAINED IN THE FILES OF THE ABOVE FACILITY.