Infrared Thermographic Inspection Equipment List

Company _____
Facility Name _____
Facility Address _____
Company Contact _____
Phone _____

To be completed by Facility Manager prior to inspection			*To be completed by facility guide during inspection*
Building / Location	**Equipment Description**	**Special Instructions**	**Condition Comments**
Building A	MCC B	Must be done	1 finding, AB42, NETA 2
Building A	Main service transformer		
Building A	Main switchboard	Must be done	
Building A	Step down transformer		
Building A on the roof	A/C to warehouse office	Only if time permits	
Building B second floor	Sub panel feeding general production area		
Building B	Process motor		
Building B	Lighting panel	Only if time permits	

Sample

A copy of this form can be provided to SRP 's thermographer for record keeping.

SRP Thermographer _____ **Date Inspected** _____

Company Representative _____

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