



Commercial Electrical Inspection Form

Date of Inspection:

3/18/23

Application/Policy#:

Applicant/Insured Name:

CONDO ASSC EAST

Location Address Inspected:

2345 AVE X, BOCA RATON FL 33431

Building Number Inspected:

Documentation: Attach inspection photos and any supplemental documentation used to confirm the age or condition of the electrical system.

Electrical System Summary	Year Built: 1978
Is the electrical system in good working order?	Yes
Does the entire electrical system meet applicable code?	Yes
Is the system sufficient for the load requirement?	Yes
Is the system properly grounded?	Yes
Are there any safety concerns, deficiencies, or update recommendations?	No

Main Electrical Panel	Secondary Electrical Panel	Branch Wiring Circuits
<input checked="" type="checkbox"/> Circuit Breaker <input type="checkbox"/> Fuses	<input checked="" type="checkbox"/> Circuit Breaker <input type="checkbox"/> Fuses	
Manufacturer: 7(Sylvania) 1(GE)	Manufacturer: Sylvania	Wiring Type:
Amperage Rating: 150 x 8	Amperage Rating: 2 x 100	<input type="checkbox"/> Aluminum (single strand)
Is amperage rating adequate? Yes	Is amperage rating adequate? Yes	<input checked="" type="checkbox"/> Aluminum (multi strand)
Year of Last Panel Update: N/A	Year of Last Panel Update: N/A	<input type="checkbox"/> Copper Clad
Is a panel update recommended? No	Is a panel update recommended? No	<input checked="" type="checkbox"/> Copper
<i>Describe last update or any recommended updates in comment section</i>	<i>Describe last update or any recommended updates in comment section</i>	<input type="checkbox"/> Knob & Tube
		<input type="checkbox"/> Other
Condition:	Condition:	Condition:
<input checked="" type="checkbox"/> No hazards present	<input type="checkbox"/> No hazards present	<input checked="" type="checkbox"/> No hazards present
<input type="checkbox"/> evidence of scorching	<input type="checkbox"/> evidence of scorching	<input type="checkbox"/> ungrounded or inoperative outlets
<input type="checkbox"/> signs of corrosion	<input type="checkbox"/> signs of corrosion	<input type="checkbox"/> missing GFCI outlets
<input type="checkbox"/> loose connections	<input type="checkbox"/> loose connections	<input type="checkbox"/> overuse of outlets/power strips
<input type="checkbox"/> improper grounding	<input type="checkbox"/> improper grounding	<input type="checkbox"/> extension cord used as permanent wiring
<input type="checkbox"/> GFI breakers not working correctly	<input type="checkbox"/> GFI breakers not working correctly	<input type="checkbox"/> broken/unsupported light fixtures
<input type="checkbox"/> breakers not sized correctly	<input type="checkbox"/> breakers not sized correctly	<input type="checkbox"/> Other
<input type="checkbox"/> double taps	<input type="checkbox"/> double taps	
<input type="checkbox"/> open knockouts	<input checked="" type="checkbox"/> open knockouts	
<input type="checkbox"/> missing panel cover	<input type="checkbox"/> missing panel cover	
<input type="checkbox"/> Other	<input type="checkbox"/> Other	
Comments:		
Subpanel connected to 100 amp house panel(not listed on form) 20 amp Sylvania, no issues		

SAMPLE REPORT

This Inspection Form and the information set forth in it are provided solely for the purpose of verifying that no unsafe or inadequate electrical wiring conditions / deficiencies exist at the Location Address listed above and for no other purpose. It is not intended to constitute legal or professional advice. The information provided should not be relied upon, or treated as, as substitute for specific advice relevant to particular circumstances. The undersigned doesn't make a health or safety certification or warranty, express or implied, of any kind, and nothing in this Form shall be construed to impose on the undersigned or on any entity to which the undersigned is affiliated any liability or obligation of any nature to the named insured or to any other person or entity.

All Electrical Inspection Forms must be completed, signed, and dated by a Florida - licensed electrician or general contractor.

I certify that the above statements are true and correct.

Inspector Name (printed)

Telephone Number

Michael DiGiorgio

(954) 752 9443

License Type

License Number

General Contractor

CGC 033997

Signature of Inspector

Date:

04/11/2023

"Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. F.S. 817.234"

CL - CEF - 1 07 17 REVISED

PHOTOS



SAMPLE REPORT

"Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. F.S. 817.234"

CL CEF 1 07 17 REVISED

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SAMPLE REPORT

"Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. F.S. 817.234"

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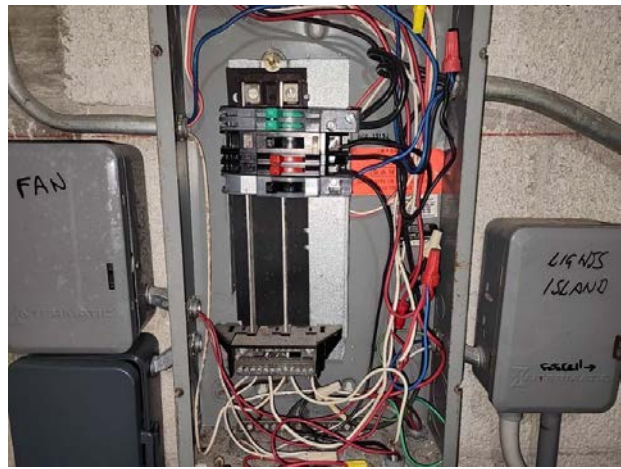


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