ELECTRICAL PANEL INSPECTION CHECKLIST

Per OSHA 29 CFR 1910.303/305 and NFPA 70E

Date: _____	Inspector: _____
Panel ID: _____	Location / Building: _____
Voltage / Phase: _____	Panel Rating (Amps): _____
Inspection Type: ☐ Monthly ☐ Quarterly ☐ Annual	Last Thermographic Survey: _____

WARNING: Qualified electrical personnel only. Wear appropriate PPE including arc flash protection per NFPA 70E. De-energize and follow lockout/tagout when possible.

Part 1: Panel Exterior and Access			
#	**Inspection Item**	**OK / Fail**	**Notes**
1	Working clearance — 36 in. minimum in front (1910.303(g))		
2	Width — 30 in. or width of equipment, whichever is greater		
3	No storage in working space		
4	Enclosure intact — no damage, rust, missing knockouts		
5	Dead front — no exposed live parts on operating side (1910.305(d))		
6	Panel door closes and latches securely, opens 90°		

Part 2: Labeling and Identification			
#	**Inspection Item**	**OK / Fail**	**Notes**
1	Panel ID and voltage/phase markings legible (1910.303(e))		
2	Circuit directory complete, accurate, and legible (1910.303(f))		
3	Arc flash warning label present and current (NFPA 70E)		
4	Disconnect means labeled to indicate purpose		
5	Appropriate warning signs posted (1910.335(b))		

Part 3: Internal Components (De-energize or PPE Required)			
#	**Inspection Item**	**OK / Fail**	**Notes**
1	Circuit breakers seated properly, no overheating signs		
2	No unauthorized double-tapping (two wires per breaker)		
3	Wiring organized, insulation intact, no exposed conductors		

4	Bus bars — no overheating, pitting, or arcing evidence		
5	Grounding connections tight and properly bonded		
6	No moisture, pests, excessive dust, or debris inside		

Deficiencies Found

#	Location / ID	Deficiency Description	Corrective Action	Due Date
1				
2				
3				
4				
5				

WARNING: Any panel with exposed live parts, evidence of arcing or overheating, missing dead front, or obstructed working clearance requires immediate corrective action. Do not restore power until all deficiencies are resolved.

Inspector Signature (Qualified Person) Date: _____

Facility Manager Signature Date: _____