

## Building Condition Audit Form

*Part 1*

Inspector(s): \_\_\_\_\_  
 Building name: \_\_\_\_\_  
 Date: \_\_\_\_\_

## ELECTRICAL SYSTEM

*Part 2*

**Electrical System Characteristics:**

1. Power System: Service Voltage \_\_\_\_\_ Amperage \_\_\_\_\_  
 Distribution Voltage \_\_\_\_\_ Watts / Square Foot \_\_\_\_\_  
 2. Lighting System: Basic Lamp Type: Incandescent  Fluorescent (T8 or 12)  Fluorescent (T5)  LED   
 Other  \_\_\_\_\_  
 Basic Fixture Type \_\_\_\_\_  
 Additional description \_\_\_\_\_

Part 3 Electrical Components	Prioritization Categories (See Below)						System Rating Total	Deficiency Cost
	1	2	3	4	5	6		
1) Power System								
1a) Safety Conditions								
1b) Service Capacity								
1c) Switchgear Capacity								
1d) Feeder Capacity								
1e) Panel Capacity								
1f) Conventional Outlets								
1g) Branch Circuits								
2) Lighting System								
2a) Light Levels								
2b) Fixtures								
2c) Emergency Lighting								
2d) Exit Lighting								
3) Maintainability								
Rating System Totals								

*Part 4*

System Rating		System Multiplier		System Deficiency		Building Value		Deficiency Cost For System
	X		Equals		X		Equals	\$

*Part 5*

Rating Explanation:

Row	Column	Notes