



PORTABLE APPLIANCE TESTING

VISUAL INSPECTION FORM

Please complete the following.

Appliance	Location	Earthed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If YES, repeat at 6 monthly intervals.	
The visual check should include:-		Yes	No
Equipment	Any visible damage?.....	<input type="checkbox"/>	<input type="checkbox"/>
	Any signs of scorching or overheating?.....	<input type="checkbox"/>	<input type="checkbox"/>
	Has it been used in wet or dusty environment?.....	<input type="checkbox"/>	<input type="checkbox"/>
Cable	Any cuts or abrasions?.....	<input type="checkbox"/>	<input type="checkbox"/>
	Any non-standard or taped joins?.....	<input type="checkbox"/>	<input type="checkbox"/>
	Is cable sheath securely gripped in plug and equipment?.....	<input type="checkbox"/>	<input type="checkbox"/>
	Is the cable properly supported?.....	<input type="checkbox"/>	<input type="checkbox"/>
	Is the cable adequate for it's purpose?.....	<input type="checkbox"/>	<input type="checkbox"/>
	Does the cable create a tripping hazard or obstruction?.	<input type="checkbox"/>	<input type="checkbox"/>
	Is the cable vulnerable to physical damage?.....	<input type="checkbox"/>	<input type="checkbox"/>
	Is the cable protected from wet conditions?.....	<input type="checkbox"/>	<input type="checkbox"/>
	Is the cable properly connected to a power circuit (not lighting)?.....	<input type="checkbox"/>	<input type="checkbox"/>
Plug	Is the correct type of fuse in place?.....	<input type="checkbox"/>	<input type="checkbox"/>
	Is the rating of the fuse correct?.....	<input type="checkbox"/>	<input type="checkbox"/>
(inspect internally - other than for moulded plugs)	Does cable grip hold sheath tightly?.....	<input type="checkbox"/>	<input type="checkbox"/>
	Are wires fitted to correct terminals?.....	<input type="checkbox"/>	<input type="checkbox"/>
	Any bare wires visible? (other than at terminals).....	<input type="checkbox"/>	<input type="checkbox"/>
	Are terminal screws tight?.....	<input type="checkbox"/>	<input type="checkbox"/>
	Any sign of burns or scorching?.....	<input type="checkbox"/>	<input type="checkbox"/>
	Any sign of water or dirt/dust inside?.....	<input type="checkbox"/>	<input type="checkbox"/>
	Is outer casing cracked?.....	<input type="checkbox"/>	<input type="checkbox"/>
	Are pins bent or damaged?.....	<input type="checkbox"/>	<input type="checkbox"/>
Assessment carried out by:			
Date:		Designation:	
Date of next Inspection:			