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HVAC/ELECTRICAL
Home Safety Evaluation

PA LICENSE #019372 NJ MASTER PLUMBER LICENSE #7452 NJ LICENSE #13VH01163300

Customer Name: _____ Phone: _____
Technician: _____ Date: ____/____/____

(A) Main Electrical Panel

Manufacturer: _____ Approx. age: _____

Are there any safety concerns with the panel? Yes No
Ampere rating: 60 100 150 200 400
Type: Circuit Breaker Fuses

- | | | |
|---------------------------------------------------------------------------|--------------------------|--------------------------|
| | Yes | No |
| 1. Is panel protected by a main breaker? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are the breakers UL® Listed for this panel? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are all circuits labeled? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are all breakers sized properly? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are the GFCI breakers working properly? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are the AFCI breakers installed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is there space for additional breakers? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Any burning / corrosion on breakers / busbar? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Are all connections tight? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Is there anti-oxidant on aluminum wires? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Is there whole house surge protection for the panel, cable and phone? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Is there a line conditioning device in place? | <input type="checkbox"/> | <input type="checkbox"/> |

(B) Utilities

Utility Co.: _____ O/H U/G
Ampere rating: 60 100 150 200 400

- | | | |
|----------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| | Yes | No |
| 1. Is the service head secure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are there proper drip loops present? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Upper service cable in good condition?
<input type="checkbox"/> Cloth <input type="checkbox"/> PVC | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Lower service cable in good condition?
<input type="checkbox"/> Cloth <input type="checkbox"/> PVC | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is service cable at the required height? | <input type="checkbox"/> | <input type="checkbox"/> |

Grounding

- | | | |
|----------------------------------------------|--------------------------|--------------------------|
| | Yes | No |
| 1. Is there 5/8" ground rod(s)? Qty: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Water and gas piping properly grounded? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. CW, rod(s) and piping installed per Code? | <input type="checkbox"/> | <input type="checkbox"/> |

Meter

- | | | |
|-----------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| | Yes | No |
| 1. Is the meter enclosure:
Moisture free? | <input type="checkbox"/> | <input type="checkbox"/> |
| Properly sealed? | <input type="checkbox"/> | <input type="checkbox"/> |
| Free of rust and corrosion? | <input type="checkbox"/> | <input type="checkbox"/> |
| Secured properly? | <input type="checkbox"/> | <input type="checkbox"/> |
| Overall Rating: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor | | |

Attic and Crawl Space

- | | | |
|----------------------------------------------------------|--------------------------|--------------------------|
| | Yes | No |
| 1. Is the wiring done correctly? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are there any open splices/j-boxes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do appliances and equipment have a disconnect switch? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is there a maintenance light with a switch? | <input type="checkbox"/> | <input type="checkbox"/> |

HVAC Wiring

- | | | |
|--------------------------------------------|--------------------------|--------------------------|
| | Yes | No |
| 1. Is all A/C wiring correct and safe? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is the furnace wiring correct and safe? | <input type="checkbox"/> | <input type="checkbox"/> |

(C) Branch Circuit Wiring

Type: Open Romex Conduit Copper AL
Connections: ___ Backstab ___ Pigtail ___ Set Screw
 Two Wire Three Wire

- | | | |
|----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| | Yes | No |
| 1. Is wiring protected / junction boxes covered? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are disconnects & fuses sized properly? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are dimmers / switches working properly? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is security lighting working properly? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are circuits up to code? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are additional circuits needed? | <input type="checkbox"/> | <input type="checkbox"/> |
| Dryer and Cooking Circuits: <input type="checkbox"/> Three Wire <input type="checkbox"/> Four Wire | | |

(D) Life Safety Equipment

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| | Yes | No |
| 1. Inspect and test existing GFCI devices? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are there GFCI protected outlets in the following areas?:
<input type="checkbox"/> Kitchen <input type="checkbox"/> 1st Floor Bath <input type="checkbox"/> 2nd Floor Bath
<input type="checkbox"/> Garage <input type="checkbox"/> Unfinished Basement | | |
| 3. Are smoke detectors installed per Code? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Smoke detectors tested and working? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. CO detectors tested and working properly? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is AFCI protection in all living areas? | <input type="checkbox"/> | <input type="checkbox"/> |

Recommendations: _____

See additional recommendations on the observation sheet.