**Appendix 1**

**ELECTRICAL SAFETY CHECKLIST**

**(ON EQUIPMENT DRAWING HIGH CURRENT)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Laboratory:  Location: | | | | Name of Inspector (Appointed Person): | | | | | | |
| Date of Inspection (at least once per year): | | | | Signature of Inspector (Appointed Person): | | | | | | |
| **Equipment Drawing High Current** | | **Visual Inspection on the condition of** | | | | | | **Condition (✓) as Satisfactory** | | **Appropriate**  **Action Taken** |
| **Isolators/Socket Outlets/Plugs** | | **Cable** | | **Mechanical Restraint (e.g. Cable Gland)** | | **YES** | **NO** |  |
| **S/No.** | **Description & Location** | **< 65°C** | **> 65°C** | **Not Frayed** | **Frayed** | **Tighten** | **Loose** |  |  |  |
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Name of Cluster Laboratory Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_