**TRANSFORMER INSPECTION CHECKLIST**

Location: Date:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Transformer ID: |  |  |  |  |  |  |
| Is there any evidence of excessive corrosion or leaks in the tank? If yes, specify below. | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| Is the concrete pad and transformer clear of landscape and vegetative materials? If no, place a work order to address | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| Are there any conditions that may be fire, safety, or environmental hazards? | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| Is there any evidence of a release? | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |
| Initials of inspector |  |  |  |  |  |  |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any deficiencies noted during the inspection must be corrected as soon as possible. If there are any questions, call the Department of Environmental Health and Safety at 814/865-6391