

City of Oak Ridge Electric Department
865 425-1803

Inspection Tag

Date: _____

Customer on Site? _____

Inspection #: _____

Project Name: _____

Customer Contacted? _____

Inspected By: _____

Address/Lot #'s: _____

Was contact by phone? _____

Inspector's Cell Phone: _____

Contractor's Phone Number: _____

Approved Yes No

Location: _____

Transformer Pad - Vault - Sector

Dimensions _____

Grounding _____

Steel Rebar _____

Conduit

Size _____

Number _____

Type _____

Runs _____

Pull String _____

Joints _____

Bends _____

Electrical Identification Tape _____

Ditch Depth _____

Clearance to Other Utilities _____

Street Lights

Light Base _____

Proper Spacing _____

Conduit:

Size _____

Number _____

Type _____

Runs _____

Pull String _____

Joints _____

Bends _____

Ditch Depth _____

Clearance to Other Utilities _____

Other

Remarks & Sketches