

# Receptacle Tests-Annual (Patient Care Areas)

**A**

Receptacle  
Tests  
Annual

Your Logo  
Here

Facility:

Inspector's Signature: \_\_\_\_\_ DATE INSPECTED \_\_\_\_\_ Page \_\_\_\_\_

A	B	C	D	E	F	G	H	I
ROOM #	ROOM NAME		DEVICE ID	Physical Condition Pass/Fail	Ground Continuity Pass/Fail	Polarity Check Pass/Fail	Tension $\geq$ 4 oz. Pass/Fail	If Fail, Describe Corrective Action, Who & Date
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

\*Type Outlet: Enter HG=Hospital Grade; S=Single; D=Duplex; Q=Quad; M=Multiple (over 4) - Every plug-in location must be individually tested  
add pages as needed

