Receptacle Testing Form - Annually

Name of Property: _____

Date of Test: _____

Name of Technician: _____

Affiliation of Technician: _____

Signature of Technician: _____

Room where receptacle is located: _____

Location in room of receptacle: _____

Receptacles not listed as hospital-grade, at patient bed locations and in locations where deep sedation or general anesthesia is administered, shall be tested at intervals not exceeding 12-months. [NFPA 99-2012, 6.3.4.1.3]

Testing Requirements	Pass	Fail	N/A	Comments
1. The physical integrity of each receptacle shall be confirmed by visual inspection.				
2. The continuity of each ground circuit in each electrical receptacle shall be confirmed.				
3. Correct polarity of the hot and neutral connections in each electrical receptacle shall be confirmed.				
4. The retention force of the grounding blade of each receptacle (except locking-type receptacles) shall be not less than 4-oz (115 g).				

All "Failed" devices must be repaired and re-tested.

Reference: NFPA 99-2012, 6.3.3.2

Supervisor's Initial: _____ Date: _____ Work Order #: _____

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